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ABSTRACT

This report provides a comprehensive listing of state and federal investments in Illinois' efforts to improve the quality of life for expecting parents and children under age three and their families. The inventory profiles a wide range of initiatives and is designed to serve as a resource for local program directors, community members, administrators, and other partners. Following a quick reference guide providing an overview of 37 publicly funded programs, the report presents detailed profiles of the following types of efforts: (1) program and services provided to pregnant women and children birth to three years; (2) systems development initiatives coordinating services and producing policy or broad-level systems change to improve the quality and availability of services and access to services; and (3) public education campaigns to increase public awareness of important issues related to the health and well-being of children from birth to age three. For each program or service, the profile includes a description of the program goals, key services, the administering agency, budget, and eligibility criteria; these profiles also list program capacity, geographic areas served, outreach/identification methods, staff education or training requirements, and key indicators used to measure outcomes. The profiles for systems development initiatives include the program mission and goals, key activities, administering agency, local agency, target population, geographic areas covered, organizational structure and process, partners and participants, and year initiated. The public education campaign profiles include a program description and purpose, key messages, administering agency, budget, target audience, geographic areas served, program capacity, outreach/distribution methods, and indicators of campaign success. (KB)

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Birth to Three Program Inventory

State and Federally Funded Programs and Initiatives in Illinois for Expecting Families and Very Young Children

September 2001

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Ounce of Prevention Fund
Birth to Three Project

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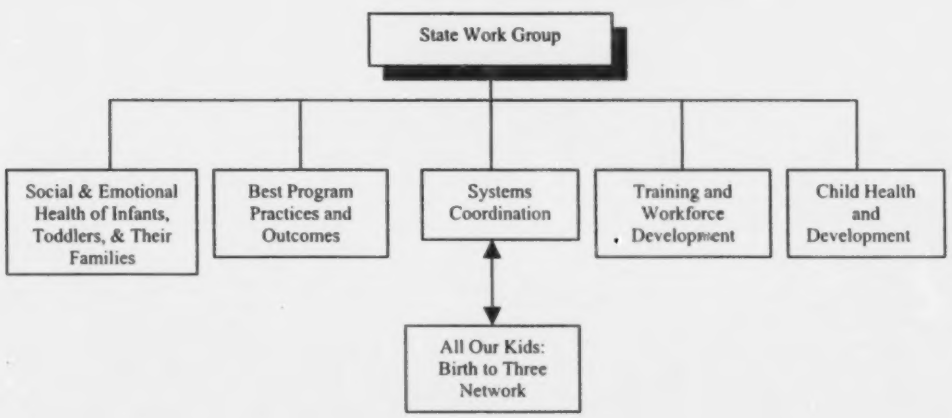
About the Birth to Three Project

More people are learning about recent brain research and other studies that underscore the importance of positive experiences during every child's earliest days, months and years. At the same time, public officials have been expanding state and federal funding for a variety of early childhood programs. The Birth to Three Project is a statewide, multidisciplinary, multiyear effort to develop a comprehensive, coordinated, high-quality system of preventive services for expecting parents and families with children up to age three throughout Illinois. The Project is funded by the Robert Wood Johnson Foundation and housed at the Ounce of Prevention Fund.

The Birth to Three Project is led by a State Work Group and includes five committees addressing major issues in the birth to three field:

- **Social and Emotional Health of Infants, Toddlers and Their Families** - Identifying and making recommendations to address the mental health needs of very young children and their families.
- **Best Program Practices and Outcomes** - Identifying and incorporating best practices into programs and encouraging an outcome-based orientation in birth to three prevention programs.
- **Systems Coordination** - Improving awareness, access and coordination of prevention programs and services.
- **Training and Workforce Development** - Developing a trained workforce for early childhood programs and ensuring access to necessary training for those who work with very young children.
- **Child Health and Development** - Building linkages between health care and other birth to three programs in the community and strengthening early childhood development services in health care practices and settings.

As part of the Birth to Three Project, the Illinois Department of Human Services has provided funding for ten community networks. The **All Our Kids: Birth to Three Network** is designed to ultimately ensure all expecting parents and children under the age of three and their families have the opportunity to receive the services they need. The ten community networks include a wide range of service providers as well as family members who are recipients of local services.


State Work Group
Social & Emotional Health of Infants, Toddlers, & Their Families
Best Program Practices and Outcomes
Systems Coordination
Training and Workforce Development
Child Health and Development
All Our Kids: Birth to Three Network

About the Birth to Three Program Inventory

The Birth to Three Program Inventory is a comprehensive listing of state and federal investments in efforts aimed to improve the quality of life for expecting parents and children under the age of three and their families. The inventory profiles a wide-range of initiatives and is designed to serve as a resource for local program directors, community members, administrators, policy makers, healthcare professionals and other partners.

This second edition of the inventory has been expanded to include new programs and efforts. Following the Quick Reference Guide, which provides an overview of thirty-seven publicly-funded programs and initiatives serving families with infants and toddlers, you will find detailed profiles of the following types of efforts:

- ***Programs and Services:*** Direct services to pregnant women and children birth to three years of age.

- ***Systems Development Initiatives:*** Collaborative initiatives that aim to coordinate services and produce policy or broad-level systems change to improve the quality and availability of services and access to services.

- ***Public Education Campaigns:*** Campaigns and initiatives whose primary purpose is to increase public awareness of important issues related to the health and well-being of children birth to three years of age.

To provide comments or updates regarding the Inventory
or for more information about the Birth to Three Project, please contact:

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Visit www.ounceofprevention.org to access the Inventory on-line!

The Inventory was compiled by Dominic Angiollo, Paula Casas, and Ann Kirwan.

QUICK REFERENCE GUIDE

INVENTORY OF STATE AND FEDERALLY FUNDED PROGRAMS & INITIATIVES IN ILLINOIS FOR EXPECTING FAMILIES AND VERY YOUNG CHILDREN

Programs & Services

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
1	Chicago Safe Start ** Also listed as a Systems Development Initiative	Chicago Department of Public Health, Office of Violence Prevention Phone: (312) 747-9396	To prevent and reduce the impact of exposure to violence on children ages five and younger	Sites: 2 Chicago Police districts (FY02) District 5: Pullman, West Pullman, Roseland, and Riverdale District 7: Englewood and West Englewood
2	Child Care (IDHS)	Illinois Department of Human Services, Bureau of Child Care and Development Phone: (217) 785-2559	To ensure that child care services are available and affordable to families in Illinois by providing subsidized child care and assisting families in locating appropriate child care	Sites: 22 CCR&R sites statewide and individual purchase of child care services through vouchers (FY02) Approximately 13,000 licensed child care centers and homes statewide (FY00) Number: 57,500 children ages 0-3 served monthly by multiple individuals and community based organizations (FY02)
3	Child Care (DCFS)	Illinois Department of Children and Family Services Office of Child Development Phone: (312) 793-8607 (Cook) (309) 693-5400 (Central) (630) 801-3400 (Northern) (618) 583-2100 (Southern)	To provide child care for children served by DCFS or at risk of abuse/neglect through site administered day care centers and individual purchase of child care services through vouchers	Sites: 25 site administered day care centers statewide and individual purchase of child care services through vouchers (FY01) Number: 9,500 children through vouchers (FY01)
4	Childhood Lead Poisoning Prevention Program	Illinois Department of Public Health, Office of Health and Wellness Phone: (217) 785-4093	To assess children at risk for lead poisoning on an annual basis and provide referrals as needed	Sites: 96 local health departments statewide (FY00) Number: 244,442 children screened (FY00)
5	Community Violence Prevention Grants	Illinois Violence Prevention Authority Phone: (312) 814-2796	To reduce the likelihood of violence by promoting public health and safety approaches to violence prevention.	Sites: 71 community based organizations receiving grants, 6 of these target the 0-3 population (FY01)

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
6	Early Childhood Education Block Grant	Illinois State Board of Education, Division of Early Childhood Phone: (217) 524-4835	To prevent later academic failure by providing quality programs for children 0-5 and their families and strengthen the role of parents as the child's primary educator	Sites: • 70 Prevention Initiative (FY02) • 200 Parental Training (FY02) • Programs are administered by school districts and community based organizations Number: • Prevention Initiative: 5,200 families (FY00) • Parental Training: 28,000 families (FY00)
7	Early Head Start (EHS)	U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Programs Phone: (312) 886-5369	To enhance the physical, cognitive, social and emotional growth of infants and toddlers; to support parents' efforts to fulfill their parental roles; and to help parents move toward self sufficiency	Sites: 23 community based organizations receive EHS grants (FY01) Number: 2,147 families (FY01)
8	Early Intervention (EI)	Illinois Department of Human Services, Bureau of Early Intervention Phone: (217) 782-1981	To enhance the growth and development of children from birth to three years of age with disabilities and/or developmental delays or who are at risk for developmental delays	Sites: • 25 CFCs statewide serve as the point of entry into the system (FY01) • Actual services provided by individual specialists and programs statewide Number: 11,000 families (FY01)
9	Even Start	Illinois State Board of Education, Division of Community and Family Partnerships Phone: (217) 782-3370	To break the cycle of poverty and illiteracy by improving the educational opportunities of low-income families	Sites: 52 community based organizations (FY02) Number: Currently developing new tracking system
10	Family Case Management	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 785-5900	To assist pregnant women and women with infants and children in finding an ongoing source of medical care and related services	Sites: Approximately 90 local health departments and 31 community based organizations in Chicago (FY00) Number: • 91,234 pregnant women (FY00) • 142,672 infants (FY00) • 88,346 children (FY00)
11	Genetics/ Newborn Screening Program	Illinois Department of Public Health, Office of Health Promotion Phone: (217) 785-8101	To facilitate early diagnosis of metabolic/genetic disorders and help prevent premature death, excessive morbidity, mental retardation, and other developmental disabilities	Sites: Statewide at places of birth (e.g. hospitals, health care facilities) Number: • Approximately 180,000 babies born in Illinois were screened (FY01) • Over 11,000 infants received follow-up services (FY01) • 7,500 families received clinical genetic services (FY01) • 6,900 received follow-up services (FY01)
12	Healthy Families Illinois (HFI)	Illinois Department of Human Services, Office of Family Health Phone: (217) 782-2736	To promote healthy child development and reduce child abuse and neglect among at-risk families	Sites: 51 HFI agencies (FY01) Number: 2,561 families (FY00)

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
13	Healthy Start	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 785-5900	To provide case management services to high risk women and women who have post-partum depression to reduce infant mortality and improve perinatal outcomes	Sites: 9 community based organizations including: 4 Family Health Centers in Chicago; and 5 additional federally funded programs in Chicago and East St. Louis (FY02) Number: Projected 480 women served by IDHS (FY02)
14	High Risk Infant Follow-up	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 785-5900	To ensure the healthy development of infants born with a high-risk medical condition	Sites: 92 agencies -- primarily local health departments (FY00) Number: 6,811 infants/families (FY00)
15	Illinois Immunization Program	Illinois Department of Public Health Phone: (217) 785-1455	To prevent the spread of vaccine preventable childhood diseases by providing and encouraging child immunizations	Sites: 2,000 providers including local health departments, community migrant health clinics, and other public providers serving children under 6 statewide
16	Intensive Prenatal Performance Project	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 785-5900	To provide case management services to high risk pregnant women	Sites: 8 local health departments/community based organizations (FY01) Number: 964 pregnant women
17	KidCare	Illinois Department of Public Aid, Bureau of KidCare Phone: 1 (800) 226-0768 1 (866) 4OURKIDS 1 (866) 468-7543	To provide health insurance to uninsured pregnant women and children in Illinois	Sites: Statewide Number: KidCare Assist (Medicaid): 118,960 KidCare Moms and Babies (Medicaid):22,830 KidCare Share: 7,011 KidCare Premium: 8,406 KidCare Rebate: 5,552
18	Newborn Hearing Screening Program	Illinois Department of Human Services, Bureau of Family Nutrition Phone: (217) 782-5946	To lessen the impact of congenital hearing loss through early identification and intervention by providing universal hearing screening of all newborns	Sites: 60 places of birth (FY01 -- preliminary) All of the approximately 147 facilities where women give birth (by 12/31/02) Number: 66,947 out of 70,000 newborns screened (FY01 -- preliminary) Approximately 180,000 to 185,000 newborns annually (by 12/31/02)
19	Parents As Teachers (PAT)	Parents As Teachers National Center, Inc. Phone: (314) 432-4330 Illinois Family Education Center (PAT State Affiliate) Phone: (217) 732-6462	To strengthen the parent-child relationship, educate parents on child development, and address parenting issues	Sites: 134 community based organizations and school districts statewide (FY01) * Some ISBE and Early Head Start programs use the PAT curriculum
20	Parents Care and Share of Illinois	Children's Home and Aid Society of Illinois Phone: (312) 424-6822	To prevent child abuse by strengthening families and empowering parents through a network of mutual support groups	Sites: 55 community based organizations (June 2001) Number: 200-300 parents and children or 400-600 individuals weekly (FY01)

#	Program	Administering Agency	Purpose	Sites and Number Served (see individual profile for more details)
21	Parents Too Soon	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462 Ounce of Prevention Fund Phone: (312) 922-3863	To assist teen parents to, build healthy parent-child relationships, raise healthy children, delay subsequent pregnancy, and prepare for future self-sufficiency	Sites: 21 community based organizations serving pregnant and parenting teens and their children (FY02) Number: 2,200 families (FY01)
22	Perinatal Health Care System	Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 785-5900	To prevent injury, serious impairment or death of seriously ill newborns	Sites: 148 hospitals perform deliveries (FY00) Number: 6,527 high risk pregnant women (FY00) 15,130 high risk neonates (FY00)
23	Responsible Parenting Program	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462	To delay subsequent pregnancies of teen parents and increase parenting proficiency through parent education and skills training	Sites: 4 community based organizations (FY02) Number: 1,420 families (FY02)
24	Safe from the Start ** Also listed as a Systems Development Initiative	Illinois Violence Prevention Authority Phone: (312) 814-2796	To develop, implement, and evaluate comprehensive and coordinated community-based models to identify, assess and respond to children ages 0-5 who have been exposed to violence	Sites: 3 pilot sites housed by community based organizations in Peoria County, Madison County and Northwest Cook County (Hoffman Estates, Schaumburg, Hanover Park and Streamwood) (FY02)
25	Teen Parent Services (TPS)	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462	To assist pregnant and parenting low-income teens to enroll in and complete high school or its equivalent	Sites: Available statewide through: • 50 local health departments • 7 educational facilities • 21 community based organizations • 2 DHS staffed offices (FY01) Number: Approximately 8,000 teens (FY01)
26	Teen Pregnancy Prevention -- Subsequent	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462	To provide home visiting and substantive training to first time teen mothers to delay a second pregnancy, educate teens on the proper contraception use, and remain in and complete high school	Sites: 7 community based organizations (FY02) Number: Approximately 315 families (FY02)
27	WIC (Special Supplemental Nutrition Program for Women, Infants and Children)	Illinois Department of Human Services, Bureau of Family Nutrition Phone: (217) 782-2166	To reduce the incidence of infant mortality, low birth weight and nutrition-related problems to ensure the proper growth and development of children to age 5	Sites: 220 sites (primarily local health departments or community based organizations) 23 sites, stations and Neighborhood Health Centers in Chicago (FY01) Number: 255,000 women, infants, and children (FY02)

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Systems Development Initiatives

#	Program	Administering Agency	Purpose	Sites (see individual profile for more details)
1	All Our Kids: Birth to Three Network	Illinois Department of Human Services, Office of Family Health Phone: (217) 782-2736 Ounce of Prevention Fund Phone: (312) 922-3863	To develop a high-quality, well-coordinated, easily accessible system of care at the local level that will promote positive development for pregnant women and children 0-3	Sites: 10 local health departments (FY02) The sites include: Cicero in Cook County, North Lawndale in Chicago, and Adams, Kane, Macon, McLean, Stephenson, Tazewell, Vermilion, and Wabash counties
2	Chicago Safe Start	Chicago Department of Public Health, Office of Violence Prevention Phone: (312) 747-9396	To prevent and reduce the impact of exposure to violence on children ages five and younger	Sites: 2 Chicago Police districts (FY02) District 5: Pullman, West Pullman, Roseland, and Riverdale District 7: Englewood and West Englewood
3	Child Care Resource and Referral (CCR&R)	Illinois Department of Human Services, Bureau of Child Care and Development Phone: (217) 785-2559 Illinois Network of Child Care Resource and Referral Agencies Phone: (309) 829-5327	To provide parents with child care referrals, deliver training and assistance to providers, develop new child care resources where needed, and support community capacity building	Sites: 22 Child Care Resource and Referral sites statewide (FY01) Number: • Consultation/referral to 46,786 families (FY00) • 2,137 training workshops for 37,077 child care professionals (FY00)
4	Community Integrated Services System Project	Chicago Department of Public Health Phone: (312) 747-9884 Illinois Department of Human Services Phone: (217) 782-9923	To improve infant and child health through the development of an integrated service delivery system in Chicago	N/A
5	Healthy Child Care Illinois	Illinois Department of Human Services, Office of Family Health Phone: (217) 557-3108	To improve the health status and well-being of children in child care by enhancing coordination and collaboration between health care providers and the child care system	Sites: 24 IDHS Child Care Nurse Consultants in 16 service delivery areas (FY02)
6	Help Me Grow/ Futures for Kids Helpline	Illinois Department of Human Services Division of Community Health and Prevention Phone: (800) 323-GROW or (217) 557-3776	To provide referrals for children and families to programs and services	Sites: All phone calls received by Illinois Department of Human Services in Springfield. Number: 33,713 calls (FY00)
7	Local Interagency Councils (LICs)	Illinois Department of Human Services, Bureau of Early Intervention Phone: (217) 782-1981	To identify children 0-3 in need of Early Intervention services, identify and improve Early Intervention services within the community, and make services more accessible to families	Sites: 44 LICs (FY01)

#	Program	Administering Agency	Purpose	Sites (see individual profile for more details)
8	Safe from the Start	Illinois Violence Prevention Authority Phone: (312) 814-2796	To develop, implement, and evaluate comprehensive and coordinated community-based models to identify, assess and respond to children ages 0-5 who have been exposed to violence	Sites: 3 pilot sites housed by community based organizations in Peoria County, Madison County and Northwest Cook County (Hoffman Estates, Schaumburg, Hanover Park and Streamwood) (FY02)

Public Education Campaigns

#	Program	Administering Agency	Purpose	Sites (see individual profile for more details)
1	Back to Sleep Campaign	Prevent Child Abuse Illinois Phone: (217) 522-1129	To prevent Sudden Infant Death Syndrome by distributing public education materials to parents and caregivers	Sites: Statewide Number: 5,000 brochures distributed statewide (FY01)
2	Illinois SAFE KIDS Coalition	Illinois Department of Public Health Phone: (217) 524-2446	To decrease the incidence of unintentional childhood injuries by providing information on the prevention of such injuries	Sites: Statewide Number: 100,000 families (FY01)
3	Shaken Baby Syndrome Campaign	Prevent Child Abuse Illinois (217) 522-1129	To decrease the incidence of infant deaths caused by Shaken Baby Syndrome by educating parents and caregivers	Sites: Statewide Number: 100,000 English brochures and 30,000 Spanish brochures distributed
4	SIDS Alliance of Illinois	SIDS Alliance of Illinois Phone: (800) 432-SIDS IDPH: (217) 785-4093	To reduce the rate of Sudden Infant Death Syndrome in Illinois	Sites: Statewide Number: 50,000 families and professionals reached; 40,000 educational materials distributed (FY00)

***Note:** A number of the Programs & Services and Systems Development Initiatives in this guide also include public education and awareness activities (e.g. All Our Kids: Birth to Three Network, Chicago Safe Start, KidCare, Local Interagency Councils, and Safe From the Start).

Profiles of Programs and Services

Child Care
(Illinois Department of Human Services)

PROGRAM DESCRIPTION AND GOALS	Description: The Illinois Department of Human Services Child Care program aims to help families achieve self-sufficiency by providing low-income families access to affordable, quality child care while they are working or participating in approved education/training activities. Goals: • To ensure that children are cared for in a safe, healthy environment that supports their overall development • To prepare children for success in school
KEY SERVICES	• Child care subsidies • Information and resources about care in the community • Wage stipends to child care workers who remain in their jobs and have an education beyond licensing standards (Great START) • Technical assistance and training to providers, with a focus on health and safety issues for children
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Child Care and Development Phone: (217) 785-2559
BUDGET	$660,381,000 (FY02)

ELIGIBILITY CRITERIA	• Children 6 weeks old up to 13 years of age
	• Children 13 to 20 years of age who are under court supervision or who are incapable of self-care due to physical or mental disabilities or delays as documented by a statement from a local health provider or other health professional
	• Teen parents up to 20 years of age to enable them to obtain a high school degree or its equivalent (income eligibility based on the income of the teen if he/she is a single parent)
	• Families on TANF (if included in an approved Responsibility and Services Plan)
	• Working families with incomes at or below 50% of the State Median Income (SMI). Generally, there is no minimum number of hours a parent must be working
	• Subject to an annual allocation of $7.5 million, families not on TANF but enrolled in any of the following education or training programs:
	  • Literacy, adult basic education, GED preparation, English as a Second Language (ESL) and vocational programs – parents can attend for up to 2 years with no work requirement; thereafter there is a 20 hour per week work requirement.
	  • Two and four-year college degree programs – parents must work at least 10 hours per week. The work requirement can be satisfied with 20 hours per week of unpaid work required

ELIGIBILITY CRITERIA CONT.	by the educational program. Parents are expected to maintain a minimum grade point average of 2.0 on a scale of 4.0 points.
PROGRAM CAPACITY: • **Number served** • **Number of sites**	• Estimated 57,500 children ages 0-3 served monthly (does not include core services program) (FY02) • Approximately 13,000 licensed child care centers and homes (FY00)
GEOGRAPHIC AREAS SERVED	Statewide
OUTREACH/IDENTIFICATION METHODS	22 Child Care Resource and Referral (CCR&R) sites assist parents in locating and using available child care resources
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Varies by facility and licensing requirements Training Requirements: • Child Care Resource and Referral (CCR&R) agencies train some day care staff and parents and provide scholarships for staff to participate in education and training provided by other institutions and organizations
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF OUTCOME GOALS	• Number of children served • Number of TANF families who leave assistance due to supported child care assistance • Number of families accessing child care resource and referral services • Number of child care workers who qualify for wage stipends • Number of technical assistance visits, consultations, and training sessions provided for each provider by CCR&R
EVALUATION METHODS	Uses child care tracking system, developed within the Illinois Department of Human Services. The system captures data for federal reporting and is also used to generate management reports.

Child Care
(Illinois Department of Children and Family Services)

PROGRAM DESCRIPTION AND GOALS	Description: The Illinois Department of Children and Family Services (DCFS) provides a variety of day care services and/or subsidies to children within the DCFS system and to those who are at-risk for abuse and neglect. Goal: To provide child care for children served by DCFS or at risk of abuse/neglect
KEY SERVICES	• Child care subsidies for foster children • Specialized centers and home networks to serve high risk infants, children with parents in drug treatment, HIV-related children, and children in need of therapeutic child care. • Special Needs Day Care for children whose parents are substantially disabled and unable to care for their children without supplemental child care • Teen Parent Day Care for children of DCFS teen wards who are employed or in school • Protective/Family Maintenance Day Care for families where actual or potential child abuse or neglect has been identified
ADMINISTERING AGENCY	Illinois Department of Children and Family Services, Office of Child Development Phone: (312) 808-5060 (Cook County) (309) 693-5400 (Central Region) (630) 801-3400 (Northern Region) (618) 583-2100 (Southern Region)
BUDGET	Foster Care Day Care: $26,400,000 (FY01) Protective/Family Maintenance Day Care: $24,100,000 (FY01)
ELIGIBILITY CRITERIA	Foster Care Day Care: Children in foster care whose foster parents are working or in education or training Protective/Family Maintenance Day Care: Indicated case of abuse/neglect • Specialized Day Care: DCFS children and other high risk children and families. Services include: specialized centers and specialized home networks serving high risk infants, children with parents in drug treatment, HIV-related children, and children in need of therapeutic child care. • Special Needs Day Care: Children whose parents are substantially disabled and unable to care for their children without supplemental child care; or who are otherwise in critical need of child care to prevent the institutionalization of a child. Not available to families with an employed parent and/or only temporarily disabled. • Teen Parent Day Care: Children of DCFS teen wards who are in school or employed

PROGRAM CAPACITY: • **Number served** • **Number of sites/programs**	• Approximately 9,500 children primarily through vouchers (FY01) • Approximately 25 site administered day care centers and individual purchase of child care services through vouchers (FY01)
GEOGRAPHIC AREAS SERVED	Statewide
OUTREACH/IDENTIFICATION METHODS	17 Child Care Resource and Referral Agencies (CCR&Rs) assist parents/foster parents in locating and using available child care resources
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Varies by facility and licensing requirements Training Requirements: • DCFS allocates funds to some of its contracted sites serving higher risk populations to train staff in working with these families (e.g. parents in drug treatment)
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF OUTCOME GOALS	N/A

Childhood Lead Poisoning Prevention Program

PROGRAM DESCRIPTION AND GOALS	Description: The Illinois Lead Prevention Act requires health care providers to evaluate each child for lead poisoning at least once before they enter a licensed day care or school program. Local health departments provide assessments and screenings for lead poisoning, referrals, medical management, and in some cases, environmental investigations for children with elevated lead levels. Goals: • Elimination of lead hazards • Prevention of childhood lead poisoning • Identification of poisoned children • Assurance of treatment for lead poisoned children
KEY SERVICES	• Collection and analysis of blood lead test results • Public and family education • Medical case management • Property inspection and identification of hazards • Assurance of abatement and hazard remediation
ADMINISTERING AGENCY	Illinois Department of Public Health, Office of Health and Wellness Phone: (217) 785-4093 Toll free hotline: (800) 323-4769
BUDGET	$3,600,000 (FY02)
ELIGIBILITY CRITERIA	• Every physician or health care provider is required to screen all children 6 months through 6 years (84 months) of age for lead poisoning. Children with positive responses to any portion of the assessment will be considered high risk and will receive a blood lead test. • All children residing in high-risk zip codes are considered a priority for blood lead screening and testing.
PROGRAM CAPACITY: • **Number served** • **Number of programs/sites**	• In FY00, 244,442 children were tested for lead poisoning. Out of this total, 8,263 children had test results greater than or equal to 15mcg/dl (At 20mcg/dl a nursing visit is conducted and a clinical record started. At 25mcg/dl an environmental inspection of the home is done). • 96 sites (local health departments)
GEOGRAPHIC AREAS SERVED	Statewide
OUTREACH/IDENTIFICATION METHODS	Staff members educate communities about Childhood Lead Poisoning Prevention services through community health fairs, information booths at local churches, well child visits, and the program's toll free hotline.

STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Public Health Nurse or • Individual working under the supervision of a nurse (e.g. Public Health Assistant) Training Requirements: • Training is provided by the National Lead Safe Housing and Resource Center, the Centers for Disease Control and Prevention, and Illinois Department of Public Health
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF OUTCOME GOALS	• Total number of screenings and lead levels indicated • Number of children screened by specific geographic areas • Number of lead hazards identified (e.g. lead paint in home) • Completed remediation totals (number of identified lead hazards eliminated)
EVALUATION METHODS	Uses Nomad database to collect statistics.

Community Violence Prevention Grants	
PROGRAM DESCRIPTION AND GOALS	Description: Community Violence Prevention Grants are 12-month grants of up to $35,000 available to community-based agencies to implement collaborative efforts addressing the prevention of any form of interpersonal violence. Goal: To reduce the likelihood of violence by promoting public health and public safety approaches to violence prevention.
KEY SERVICES	N/A
ADMINISTERING AGENCY	Illinois Violence Prevention Authority Phone: (312) 814-2796
BUDGET	$2.4 million. (Approximately $220,000 is awarded to the six grantees targeting the 0-3 age group) (FY02)
ELIGIBILITY CRITERIA	Varies by program
PROGRAM CAPACITY:	Varies by site (6 of the 71 grantees that are funded under this program specifically serve the 0-3 population)
GEOGRAPHIC AREAS SERVED	Adams County (Quincy and surrounding areas) Cook County (Chicago) Kane County (Aurora) Peoria County (Peoria, East Peoria, Pekin, and Morton) Rock Island County Stephenson County (Freeport and surrounding areas)
OUTREACH/IDENTIFICATION METHODS	Varies by site
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Varies by site
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	Varies by site
EVALUATION METHOD	Individual sites work with part-time coaches from the Evaluation Resource Institute to develop an evaluation process tailored to their individual program. IVPA expectations regarding the content of the evaluations depend on the number of years the site has been receiving a grant; stricter guidelines will be placed on sites that have been involved in the program for a few years. All programs must submit quarterly reports to IVPA.

Early Childhood Education Block Grant

PROGRAM DESCRIPTION AND GOALS	Description: The Early Childhood Education Block Grant combines three early childhood education programs -- Preschool Education (Pre-K), Parental Training, and the Prevention Initiative. At least 8% of the total block grant is used to support programs for children ages birth to three. Programs are operated by local school districts or community-based agencies and use a variety of strategies including intensive home visiting, case management, parent education classes, parent groups, and well-child health care services. Goals: • To prevent later academic failure by providing quality programs for children 0 to 5 and their families • To strengthen the role of parents as the child's primary educator
KEY SERVICES	Prevention Initiative and Parental Training programs incorporate the following components: Prevention Initiative (0-3): • Parenting education and parent-child interaction activities related to development and nurturing of infants and toddlers • Community collaboration and linkages • Individual family service plans • Case management services Parental Training (0-5): • Seven designated areas of instruction (child growth and development; childbirth and child care; family structure; prenatal and postnatal care; prevention of child abuse; interpersonal relationships; parenting skill development) • Parent-child interaction activities • Community collaboration
ADMINISTERING AGENCY	Illinois State Board of Education, Division of Early Childhood Phone: (217) 524-4835
BUDGET	$21,713,000* (estimate FY02) *Reflects only the portion serving children 0 to 3
ELIGIBILITY CRITERIA	• At-risk communities (Prevention Initiative) • Universal (Parental Training)
PROGRAM CAPACITY: • **Number served** • **Number of programs/sites**	Prevention Initiative: • 5,200 families served (FY00) • 70 administrative entities (FY02) Parental Training: • 28,000 families served (FY00) • 200 sites (FY02)

GEOGRAPHIC AREAS SERVED	Chicago: Albany Park, Armour Square, Auburn Gresham, Austin, Bridgeport, Englewood, Grand Boulevard, Humboldt Park, Lower West Side, North Lawndale, Rogers Park, South Chicago, South Lawndale, Washington Heights, West Englewood, West Town (some programs have no geographic boundaries and/or serve additional families from other communities) Suburban Cook County: Alsip, Arbor Park, Arlington Heights, Bellwood, Blue Island, Bridgeview, Calumet City, Calumet Park, Chicago Heights, Cicero, Des Plaines, Dixmoor, Dolton, Elmwood Park, Evanston, Forest Ridge, Franklin Park, Harvey, Hickory Hills, Justice, Lyons, Matteson, Midlothian, North Palos, Oak Forest, Oak Park, Park Forest, Riverdale, River Forest, Sauk Village, Schaumburg, Schiller Park, South Berwyn, South Holland, Stone Park, Tinley Park, Worth Counties: Adams, Alexander, Bond, Boone, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clay, Clinton, Coles, Crawford, DeKalb, DeWitt, DuPage, Edgar, Effingham, Fayette, Greene, Grundy, Hamilton, Hancock, Henderson, Henry, Iroquois, Jackson, Jefferson, Jersey, JoDaviess, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Livingston, Logan, Macon, Macoupin, Madison, McDonough, McHenry, McLean, Mercer, Monroe, Montgomery, Morgan, Ogle, Peoria, Pike, Pulaski, Randolph, Richland, Rock Island, Saline, Sangamon, Shelby, St.Clair, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Winnebago, Woodford
OUTREACH/IDENTIFICATION METHODS	Varies by program
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • There are no minimum educational requirements for staff working with the 0-3 population. However, it is recommended that programs employ qualified personnel, including, but not limited to early childhood teachers, counselors, psychiatrists, psychologists, and social workers. Training Requirements: • Staff receive on-going professional development opportunities through the Illinois Comprehensive Staff Development Program. Regional training and workshops are held on topics that have been identified by program staff. Follow-up training and activities are also available. • An early childhood track has been added to the Administrators Academy to provide information on early childhood development education for children 0 to age 8 and their families. • Technical assistance, support and follow-up are provided to programs by Illinois State Board of Education (ISBE) educational consultants.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF OUTCOME GOALS	• Parent surveys • ISBE data collection forms for staff
EVALUATION METHODS	Currently in the process of developing Birth to Three program standards.

Early Head Start

PROGRAM DESCRIPTION AND GOALS	Description: The Early Head Start (EHS) program was created as part of the reauthorization of the federal Head Start Act in 1994. EHS is a child development program that aims to improve the growth and development of children before they transition to Head Start by providing early, continuous, intensive and comprehensive child development and family support services on a year-round basis. Programs follow a variety of models including center-based, home-based, and combination models. Goals: • Enhance the physical, cognitive, social, and emotional growth of infants and toddlers • Support parents' efforts to fulfill their parental roles • Help parents move toward self-sufficiency
KEY SERVICES	Center-based, home-based, and combination models provide the following services: • Social service linkages (e.g. housing, food, mental health services, TANF) • Child care • Home visiting (provided only by home-based models) • Fatherhood support services • Address all areas of development (e.g. social, emotional, physical, cognitive, language)
ADMINISTERING AGENCY	U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Programs Phone: (312) 886-5369
BUDGET	$16,800,000 (FY01)
ELIGIBILITY CRITERIA	Pregnant women and families with children under 3 years of age with incomes up to 100% of the poverty level
PROGRAM CAPACITY: • **Number served** • **Number of programs/sites**	• 2,147 families were enrolled in Early Head Start statewide (FY01) • 23 EHS grantees in Illinois serving 24 counties and 28 community areas in Chicago
GEOGRAPHIC AREAS SERVED	Chicago: Albany Park, Armour Square, Austin, Chatham, Douglas, Englewood, Fuller Park, Gage Park, Garfield Park, Grand Boulevard, Humboldt Park, Logan Square, Lower West Side, Near North Side, Near South Side, Near West Side, New City, North Lawndale, Oakland, Rogers Park, Roseland, South Chicago, Uptown, Washington Heights, West Englewood, West Pullman, West Town, Woodlawn Suburban Cook County: Bellwood, Berwyn, Cicero, Evanston, Maywood, Melrose Park, Summit, Robbins

GEOGRAPHIC AREAS SERVED (Continued)	Counties: Champaign, Clinton, DuPage (Wheaton, West Chicago, Villa Park, Lombard, Bensenville), Edwards, Franklin, Gallatin, Hamilton, Hancock, Lake (Waukegan), Kane, Madison, McDonough, Peoria, Pike, Saline, Sangamon, St. Clair, Wabash, Washington, Wayne, White, Will, Williamson
OUTREACH/IDENTIFICATION METHODS	Varies by program
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Varies by program: Early Head Start Center-based staff currently need a minimum of an Infant/Toddler Child Development Associate (CDA) certificate within one year of employment and experience working with infants and toddlers. Training Requirements: • Each program provides an orientation and a variety of in-service trainings for staff. Staff learn EHS's philosophy and goals and acquire skills specific to their job duties.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF OUTCOME GOALS	To be determined at the national level
EVALUATION METHOD	Nationally, Early Head Start programs are being evaluated by Mathematica Policy Research, Inc.

Early Intervention (EI)

PROGRAM DESCRIPTION AND GOALS	Description: The Early Intervention (Part C of the Individuals with Disabilities Education Act) program provides coordinated, comprehensive, multidisciplinary, social and developmental services to families with children under the age of 3 who have a developmental delay or disability or who are at risk of a delay. Children and families can receive up to sixteen services in their home or community. Child and Family Connections (CFC) sites are the system points of entry for state-provided Early Intervention services. CFC coordinators assist families in obtaining screenings and evaluations to determine eligibility for EI, assess service needs of eligible children, plan for needed services, and choose credentialed providers. Goal: To enhance the growth and development of children from birth to 3 years of age with disabilities and/or developmental delays or who are at-risk for developmental delays.
KEY SERVICES	• Assistive technology (durable medical equipment and supplies) • Audiology, aural rehabilitation and other related services • Developmental therapy • Family training and support • Health services • Medical services (diagnostic/evaluation purposes only) • Nursing services • Nutrition services • Occupational therapy • Physical therapy • Psychological and other counseling services • Service coordination • Social work and other counseling services • Speech/language therapy • Transportation • Vision services
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Early Intervention Phone: (217) 782-1981
BUDGET	$118 million (FY01)
ELIGIBILITY CRITERIA	• Children birth to three years of age who have a measurable developmental delay of 30% below age-appropriate standards in one or more developmental areas • Children birth to three years of age who have a physical or mental condition which typically results in developmental delay • Children birth to three years of age who are at risk of having substantial developmental delays based on the informed clinical judgement of a multidisciplinary team, including parents

PROGRAM CAPACITY: • **Number served** • **Number of programs/sites**	• Approximately 11,000 families (FY01) • 25 Child and Family Connections sites (FY01)
GEOGRAPHIC AREAS SERVED	Statewide
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Consistent with state-approved or recognized certification, licensure, registration, or other comparable requirements which apply to the discipline and area in which staff are providing Early Intervention services. • Within 15 months of employment, staff must participate in a systems overview workshop and earn 12 hours of Continuing Education Units. Training Requirements: • Individuals become fully credentialed and maintain their credential through an on-going training and professional development program that is specific to the special needs of infants, toddlers, and their families. • Provider Connections, IDHS, the Illinois Medical Diagnostic Network and other professional development initiatives collaborate to offer a full menu of professional development opportunities for Early Intervention providers.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	In development
EVALUATION METHODS	Achievement of outcome goals are tracked at the client level through the Cornerstone management information system. Monitoring visits occur yearly in each CFC region.

Even Start	
PROGRAM DESCRIPTION AND GOALS	Description: Local education agencies work in partnership with community-based organizations to establish unified family literacy programs. Goal: To break the cycle of poverty and illiteracy by improving the educational opportunities of low-income families.
KEY SERVICES	• Adult education and literacy for parents • Parenting education • Parent/child activities • Early childhood education
ADMINISTERING AGENCY	Illinois State Board of Education, Division of Community and Family Partnerships Phone: (217) 782-3370
BUDGET	$4,500,000 (FY02)
ELIGIBILITY CRITERIA	Parents with children under 7 years of age who reside in areas of high poverty concentration
PROGRAM CAPACITY: • **Number served** • **Number of programs/sites**	• Currently developing system to track the number of families served • 52 programs (FY02)
GEOGRAPHIC AREAS SERVED	Various Chicago communities, Cook County suburbs, and counties outside of Cook. Contact Illinois State Board of Education for specific locations.
OUTREACH/IDENTIFICATION METHODS	Variety of recruitment strategies depending on location
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Local determination Training Requirements: • Local determination • Professional development is offered through the Adult Education Service Center Network and the Early Childhood Staff Development Center as well as other providers

KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	Child Performance Indicators: • 80% of Even Start children ages birth to five years old enrolled for at least one month will participate in 70% of child educational/developmental program activities as measured by program attendance records. Family Performance Indicators: • 80% of families who will experience a transition during the year will participate in at least two transition activities as measured by sign-in sheets, self-reporting or portfolio documentation. • 50% of families will independently demonstrate one of the interactive behaviors identified or learned in the program after 16 hours of Parent and Child Time and parenting education, as measured by artifacts, or self-reporting forms. • 80% of adults will obtain at least one goal related to family needs or community involvement within a prescribed period of time. Adult Performance Indicators: • At a minimum, 50% of adults who have completed 100 hours of Adult Basic Education and Adult Secondary Education will demonstrate at or above average test score gains on the Test of Adult Basic Education Reading. • At a minimum, 50% of adults who have completed at least 100 hours of ESL instruction will demonstrate at or above average gains on the New York State Placement and the Basic English Skills Test or the combined English Language Skills Assessment. • 80% of Even Start adults will attain one or more of their education or employment-related goals within a prescribed time period.
EVALUATION METHODS	Program monitoring by Illinois State Board of Education staff. In addition, programs are required to provide for an outside evaluation every year.

Family Case Management

PROGRAM DESCRIPTION AND GOALS	Description: The state contracts with local health departments, community-based agencies and federally-funded community health centers to provide outreach and case management services. Case managers focus on clients' problems with access to and utilization of medically-related services Goals: • To assist pregnant women and women with infants in finding an ongoing source of medical care and related services • To assist families in achieving self-sufficiency, independence and health by early adequate prenatal and routine well-baby care
KEY SERVICES	• Access to medical care • Outreach and case management • Referrals • Education • Identify and resolve barriers to accessing needed services • Home visits (at least one during pregnancy or infancy)
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Maternal and Infant Health Programs Phone: (217) 785-5900
BUDGET	$45,445,400 (FY00)
ELIGIBILITY CRITERIA	• Medicaid eligible pregnant women and infants living under 200% of the federal poverty level • Medicaid eligible children one year and older living under 185% of the federal poverty level • Pregnant women and children with a high risk medical condition
GEOGRAPHIC AREAS SERVED	Statewide
PROGRAM CAPACITY • **Number served** • **Number of program/sites**	• 91,234 pregnant women (FY00) • 142,672 infants (FY00) • 88,346 children (FY00) • 120 sites (31 in Chicago) (FY00)
OUTREACH/IDENTIFICATION METHODS	Identification of individuals who may qualify for Medicaid or KidCare services is a high priority. Although outreach varies by community based upon the population served (e.g. age, language barriers, culture), methods include advertising, door-to-door canvassing, and providing information to local churches and community groups.

STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Case Managers: The minimum educational requirement is an Associates degree and two years of experience in child, family or community services. Case managers meeting only this requirement must be supervised by a more experienced case manager possessing a Master's or Bachelor's degree in behavioral science, social science or a health-related area. • Case Manager Assistants: Paraprofessionals and lay workers perform some case management functions under the supervision of a case manager. These functions are limited to intake, follow-up, and provision of support and assistance that participants may require to access services.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Low birth weight • Infant mortality • Breastfeeding initiation rates • Entry into WIC in first trimester • Proportion of children with health insurance/Kid Care enrolled • Percentage of Medicaid eligible women and infants enrolled in WIC and Family Case Management • Adequate prenatal care -- 1st trimester entry • EPSDT participation rate • Immunization status at 12 and 24 months (FY02)
EVALUATION METHODS	• The administration of Family Case Management is evaluated by Technical Assistance and Monitoring (TAM) staff at IDHS • Nursing/performance standards are evaluated by Maternal and Child Health Nurses at IDHS • Birth outcomes for case management clients are evaluated through Vital Records

Genetics/Newborn Screening Program

PROGRAM DESCRIPTION AND GOALS	Description: State screening program designed to prevent excess morbidity, premature death, mental retardation and other developmental disabilities. Goals: Newborn Screening: To enhance the quality of life for all newborns and their families and to facilitate early diagnosis to help prevent premature death, excessive morbidity, mental retardation, and other developmental disabilities. Clinical Genetics/Genetic Counseling: To increase the awareness and availability of clinical genetic services to providers and families.
KEY SERVICES	Newborn Screening: • Screens newborns for six metabolic/genetic disorders • Provides referrals and follow-up services for infants with an abnormal test. Clinical Genetics/Genetic Counseling: • Local health departments provide casefinding and referral of families to clinical genetic centers for diagnosis and genetic counseling
ADMINISTERING AGENCY	Illinois Department of Public Health, Office of Health Promotion Phone: (217) 785-8101
BUDGET	$3,300,000 (FY02)
ELIGIBILITY CRITERIA	Newborn Screening: By Illinois state law, every newborn is screened 24 hours after birth or before discharge for six metabolic/genetic disorders. Clinical Genetics/Genetic Counseling: The full range of genetic diagnostic, counseling and treatment services is available statewide to all Illinois residents as appropriate, regardless of income.
PROGRAM CAPACITY • **Number served** • **Number of programs/sites**	Newborn Screening: • Approximately 180,000 babies born in Illinois were screened (FY01) • Over 11,000 infants received follow-up services (FY01) • Approximately 250 infants per year are diagnosed with disorders identified through newborn screening and placed on treatment Clinical Genetics/Genetic Counseling: • 7,500 families received clinical genetic services (FY01) • 6,900 clients received services through local public health departments (FY 01)

GEOGRAPHIC AREAS SERVED	Statewide
OUTREACH/IDENTIFICATION METHODS	Newborn Screening: All newborns are screened for six genetic/metabolic disorders 24 hours after birth or before discharge. The blood samples are then sent to the Illinois Department of Public Health to be tested. Clinical Genetics/Genetic Counseling: The Genetic Screening Tool is used for assessing and diagnosing genetic problems. Referrals are also made by staff from programs targeting children (e.g. Family Case Management, High-Risk Infant Follow-Up, pediatric primary care, Early Intervention, WIC, Immunization, Oral Health, and Hearing and Vision Screening).
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	N/A
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Number of infants screened/diagnosed through newborn screening • Developmental progress of children who were diagnosed with a developmental disability through age 15 • Statewide accessibility to clinical genetic services
EVALUATION METHODS	• The Newborn Screening Program process and outcomes for individual children are assessed annually • Grantee performance is measured on a quarterly basis, based on fulfilment of project goals and objectives

Healthy Families Illinois

PROGRAM DESCRIPTION AND GOALS	Description: Healthy Families Illinois is a voluntary, intensive home visiting program that reduces family isolation, supports parents as children's first teachers and caretakers and helps parents develop good parenting skills. Services are offered beginning prenatally or at birth and are weekly at the outset, with frequency of contact increasing or decreasing over time as family circumstances require. Goals: • Decrease child abuse and neglect • Increase parent/child interaction • Promote healthy child development
KEY SERVICES	• Weekly home visiting • Development of good parenting skills • Referral to necessary resources
ADMINISTERING AGENCY	Illinois Department of Human Services, Office of Family Health Phone: (217) 782-2736
BUDGET	$11,000,000 (FY02)
ELIGIBILITY CRITERIA	• Families at risk of child abuse and neglect are identified during pregnancy or at time of birth through a structured assessment • Child less than 3 months of age
PROGRAM CAPACITY • **Number served** • **Number of programs/sites**	• 2,561 families (FY00) • 51 agencies (FY02)
GEOGRAPHIC AREAS SERVED	Chicago: Austin, Avondale, Belmont Cragin, Beverly, Douglas, Englewood, Grand Boulevard, Greater Grand Crossing, Hermosa, Humboldt Park, Hyde Park, Irving Park, Logan Square, Lower West Side, Morgan Park, Near North Side, Near South Side, Near West Side, New City, North Center, North Lawndale, Portage Park, Pullman, Rogers Park, Roseland, South Chicago, South Lawndale, South Shore, Washington Heights, Washington Park, West Englewood, West Pullman, West Town, Woodlawn Suburban Cook County: Barrington, Bellwood, Berwyn, Bloom Township, Cicero, Dixmoor, Elgin, Harvey, Markham, Maywood, Mount Prospect, Palatine, Phoenix, Prospect Heights, Rich Township, Robbins, Rolling Meadows Counties: Adams, Alexander, Bond, Boone, Carroll, Champaign, Clay, Cook, DeWitt, DuPage, Fayette, Ford, Franklin, Henry, Iroquois, Jackson, Jefferson, Kane, Kankakee, Lake, Livingston, Macon, Macoupin, Madison, Marion, McLean, Peoria, Perry, Piatt, Pulaski, Rock Island, Sangamon, St. Clair, Stark, Stephenson, Tazewell, Vermilion, Whiteside, Will, Williamson, Winnebago, Woodford

OUTREACH/IDENTIFICATION METHODS	A systematic screening of all births in an identified target area or population is completed to identify families at risk of child abuse and neglect.
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • High School diploma and relevant experience is required of Family Support Workers. Some programs may require a bachelor's degree. Training Requirements: • Training is provided by the Ounce of Prevention Fund Training Institute. All staff are required to complete the 5-day Healthy Families America Core Training and other training activities that are specific to their job responsibilities. Training includes separate tracks for Family Assessment Workers and Family Support Workers. • After four months of employment and completion of core training, Healthy Families staff members participate in advanced training.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF OUTCOME GOALS	Current key indicators: • Health care utilization • Rates of confirmed child abuse and neglect • Immunization rates The following key indicators may be used, pending approval: • Percent of children developmentally screened, identified, and referred • Number of families accessing outside services as indicated by number of referrals per category (e.g. substance abuse, mental health, domestic violence) • Number of families improving on safety checklist inventories • Number of children and adults with an identified medical home • Parent-child interaction • Number of home visits
EVALUATION METHOD	The evaluation design for HFI examines both intermediate and long term outcome indicators of the program's success. Outcome measures include: • Parent-child interaction • Health care utilization • Rates of confirmed child abuse and neglect • Immunization rates

Healthy Start

PROGRAM DESCRIPTION AND GOALS	Description: Healthy Start Family Centers provide case management services to high risk women and women who have post-partum depression. Goals: • To reduce infant mortality • To improve perinatal outcomes in target communities with high infant mortality rates
KEY SERVICES	• Case management/outreach • Medical services • Transportation • Child care • Supportive male programs • Community empowerment • Job training • Quality assurance • Nutrition and health education • Adolescent services • Substance abuse and smoking cessation • Public education and information
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Maternal and Infant Health Programs Phone: (217) 785-5900
BUDGET	$2,500,000 (IDHS) (FY01)
ELIGIBILITY CRITERIA	Women and men of child-bearing age and their infants residing in the target areas
PROGRAM CAPACITY • **Number served** • **Number of programs/sites**	• Projected 480 pregnant women served through IDHS (FY02) • 4 Family Health Centers (FY02) • 5 additional federally-funded programs in Chicago and East St. Louis
GEOGRAPHIC AREAS SERVED	Healthy Start target areas: Chicago: Near North Side, Near South Side, Near West Side, West Town Programs funded directly by the federal government: Chicago: Austin, Englewood, East Garfield Park, far South Side, North Lawndale, West Englewood, West Garfield Park Suburban Cook County: Chicago Heights, Ford Heights Statewide: Greater East St. Louis area

OUTREACH/IDENTIFICATION METHODS	Pregnant and/or parenting families are identified through local outreach efforts.
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	IDHS Education Requirements: • Case Managers: The minimum educational requirement is an Associate's degree and two years of experience in child, family or community services. Case managers meeting only this requirement are supervised by a more experienced case manager possessing a Master's or Bachelor's degree in behavioral science, social science or a health-related area. • Case Manager Assistants: Paraprofessionals and lay workers perform some case management functions under the supervision of a case manager. These functions are limited to intake, follow-up, and provision of support and assistance that participants may require to access services. IDHS Training Requirements: • IDHS Nurse Consultants conduct in-service programs and training sessions for case managers and program managers. Training focuses on risk assessment, care plan development, and implementation.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF OUTCOME GOALS	• Reduction of infant mortality • Reduction of low weight births • Improve immunization rates
EVALUATION METHODS	• Achievement of outcome goals is measured at the client level through the Cornerstone management information system and at the community level through state vital records related to perinatal health status indicators. Cornerstone data and special surveys or other procedures will be used to examine client satisfaction, honored appointments, and the initiation of prenatal care by women who speak English as a second language. • IDHS nurse consultants are assigned to each of the Family Centers to evaluate the overall quality of services provided, assess the appropriateness of care, and identify areas needing improvement. Nurse consultants provide or facilitate the provision of technical assistance to address identified needs.

High Risk Infant Follow-up

PROGRAM DESCRIPTION AND GOALS	Description: This voluntary program serves medically at-risk infants from all income levels who have conditions ranging from a temporary health problem to those who require specialized care. Goals: • Reduce infant mortality and morbidity • Reduce complications due to perinatal high risk conditions • Improve parents' knowledge and skills for caring for their infant • Provide infants with appropriate follow-up care and referrals as needed • Prevent future avoidable perinatal high risk conditions • Promote optimal development for infants and families
KEY SERVICES	• Minimum of four home visits by registered nurse during first year, and minimum of two home visits in the second year • Physical health assessment • Monitor infant development • Educate and support parents in caring for at-risk infant • Support parents in obtaining needed resources • Refer to appropriate agencies and services
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Maternal and Infant Health Programs Phone: (217) 785-5900
BUDGET	$44,000,000 (FY00)
ELIGIBILITY CRITERIA	Infants with certain medical conditions: • 24 hours or more of neonatal intensive care services • Drug toxicity or withdrawal • Congenital anomaly • Congenital infections • Endocrine, metabolic or immune disorder • Blood disorder • Birth weight < 1501g • Diagnosis as a perinatal death or neonatal death • Other medical conditions that put the infant at-risk
PROGRAM CAPACITY • **Number served** • **Number of programs/sites**	 • 6,811 infants/families (FY00) • 92 agencies (primarily local health departments) (FY00)
GEOGRAPHIC AREAS SERVED	Statewide

OUTREACH/IDENTIFICATION METHODS	Hospitals are required to identify and refer high-risk infants to follow-up services prior to hospital discharge. However, infants who meet the criteria and were not referred at the hospital can be referred to public health departments and receive follow-up services. Health departments provide follow-up and case management services for children beyond age two, if services are needed. Once a child is no longer eligible for services, the child will be referred to other agencies and programs such as Early Intervention, the Division of Specialized Care for Children and the Cerebral Palsy Association.
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Staff who provide follow-up services are registered nurses. Training Requirements: • IDHS maternal and child health nurse consultants provide in-service training related to infant physical health assessments and Denver developmental assessments. • Local staff are also required to complete in-service training regarding high risk follow-up protocols and care to families.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Percent of infants referred that receive follow-up services (FY00)

Illinois Immunization Program

PROGRAM DESCRIPTION AND GOALS	Description: Prevents the occurrence and transmission of diseases through distribution of vaccines, surveillance and assessment. Goal: • To reduce or eliminate vaccine preventable childhood diseases by achieving high vaccine coverage levels.
KEY SERVICES	• Annual distribution of over 2 million doses of vaccines statewide to public and private providers through the Vaccines for Children program • Participation/leadership in community coalitions • Promotion of childhood and adult immunization initiatives to accomplish Healthy People 2010 goals • Development/implementation of the statewide immunization registry Tracking Our Toddlers Shots (TOTS) • Provider quality assurance activities • Surveillance, investigation and follow-up (lab services) for vaccine preventable diseases • Population based assessment and validation of immunization coverage levels
ADMINISTERING AGENCY	Illinois Department of Public Health, Immunization Section Phone : (217) 785-1455
BUDGET	Approximately $5,000,000 (operations) $39,000,000 (vaccines) (Federal) Approximately $3,000,000 (vaccines) (State)
ELIGIBILITY CRITERIA	Vaccines for Children Program: Free vaccines for children 0-18 years of age who are Medicaid eligible, uninsured, or Native American and through the Plus program, children who are underinsured
PROGRAM CAPACITY: • **Number served**	• 2 million doses of vaccines to all ages. Approximately 70% of the annual birth cohort (180,000) received vaccines through the Plus program.
GEOGRAPHIC AREAS SERVED	Statewide (Approximately 2,000 providers including 94 local health departments.)
OUTREACH/IDENTIFICATION METHODS	Population-based assessments have identified "pockets of need" or areas at risk of not accessing immunization services. Funds have been provided to the health departments and/or community organizations to implement community outreach strategies to improve immunization levels among children prior to their 2nd birthday. Outreach efforts include: reminder/recall activities, implementation of TOTS, community promotion, provider and consumer education, and additional clinic services to address target population needs (e.g. evening and Saturday clinics, co-scheduling with other health services, walk-in/express immunizations).

STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Provider education requirements: requested Provider training requirements: requested
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF OUTCOME GOALS	N/A
EVALUATION METHODS	N/A

Intensive Prenatal Performance Project

PROGRAM DESCRIPTION AND GOALS	Description: Intensive case management services to high-risk pregnant women, using case managers with low caseloads Goals: • To reduce Medicaid costs by encouraging the highest-risk pregnant women to enroll in Women, Infants, and Children (WIC) and Family Case Management programs • To ensure that women receive medical and other support services that promote healthy birth outcomes • To decrease incidence of infant mortality and low birth weight
KEY SERVICES	• Outreach to high-risk pregnant women • Intensive case management -- case managers have caseloads of 40 or less • Home visits – two visits per month, one of which is in the home
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Maternal and Infant Health Programs Phone: (217) 785-5900
BUDGET	$3,500,000 (FY02)
ELIGIBILITY CRITERIA	Women eligible for Medicaid who have high risk pregnancy indicators including: • Alcohol/substance abuse • Tested positive for an STD or HIV • Under 15 years of age • Victim of domestic violence • DSM-IV diagnosis
PROGRAM CAPACITY: • **Number served** • **Number of sites/programs**	• 964 (program capacity) • 8 Programs
GEOGRAPHIC AREAS SERVED	Downstate: Vermilion County, St. Clair County, East Side Health District, Peoria County Chicago: Roseland, Humboldt Park, Harvey, North Lawndale
OUTREACH/IDENTIFICATION METHOD	Community-specific outreach methods and incentives for compliance

STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Bachelor of Science in Nursing (BSN) Training Requirements: • Ongoing, by IDHS, to maintain clinical skills • Understanding of Cornerstone management information system • Formal training to be determined
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Number of healthy pregnancies with a birth weight of at least 5 lbs., 5 oz. • Decrease in infant mortality
EVALUATION METHODS	Evaluation design to be determined

KidCare	
PROGRAM DESCRIPTION AND GOALS	Description: A state program that offers health care coverage to children and pregnant women and helps in paying premiums of employer-sponsored or private insurance plans.
KEY SERVICES	Health benefits and private insurance premium assistance for: • Children: Primary care by physician or nurse, immunizations and preventive care, hospital and clinic care, laboratory tests and x-rays, prescription drugs, medical equipment and supplies, medical transportation, dental care, eye care, psychiatric care, podiatry, chiropractic care, physical therapy, mental health and substance abuse • Pregnant women: Prenatal care and other medical services
ADMINISTERING AGENCY	Illinois Department of Public Aid (IDPA) Bureau of KidCare Phone: (866) 4 OUR KIDS (468-7543)
BUDGET	$178,564,700 (FY02) (federal and state funding)
ELIGIBILITY CRITERIA	• Children through age 18 with family incomes at or below 185% of the federal poverty level • Pregnant women and their infants up to age 1 with family incomes at or below 200% of the federal poverty level
GEOGRAPHIC AREAS SERVED	Statewide
PROGRAM CAPACITY: • **Number served**	• KidCare Assist (Medicaid): 118,960 • KidCare Moms and Babies (Medicaid): 22,830 • KidCare Share: 7,011 • KidCare Premium: 8,406 • KidCare Rebate: 5,532 (July 2001)
OUTREACH/IDENTIFICATION METHODS	• IDPA is mandated to work with community groups to conduct outreach and enrollment activities • The state has formed partnerships with the City of Chicago, public libraries, park districts, schools, businesses, health care providers and churches to educate communities about KidCare
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	N/A
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	Number enrolled

Newborn Hearing Screening Program

PROGRAM DESCRIPTION AND GOALS	Description: Early identification of congenital hearing loss with subsequent referral to services as needed. By December 21, 2002, all hospitals performing deliveries will be required to conduct physiological hearing screenings of all newborns and appropriately refer for services those newborns who do not pass the screening. Goal: To lessen the impact of congenital hearing loss through early identification and intervention
KEY SERVICES	• Physiological hearing screenings • Referrals for newborns who do not pass screening Illinois Department of Public Health: • Collects data from screening programs • Tracks and follows-up on infants who do not pass the hearing screening • Maintains a registry of infants with confirmed hearing loss and those at risk for progressive or acquired hearing loss • Maintains aggregate data on the hearing screening program statewide Illinois Department of Humans Services: • Establishes an Advisory Committee • Promulgates rules for administration of the Act and overall implementation of the universal newborn hearing screening program in Illinois Division of Specialized Care for Children: • Assuring diagnosis and appropriate intervention services through the Children with Special Health Care Needs program
ADMINISTERING AGENCY	Illinois Department of Human Services (IDHS), Bureau of Family Nutrition Phone: (217) 782-5946 Division of Specialized Care for Children (DSCC), University of Illinois Phone: (217) 793-2350
BUDGET	Illinois Hearing Screening for Newborns Act is currently funded through a federal HRSA/MCHB grant to IDHS and in-kind contributions from the agencies involved. A grant proposal to the Centers for Disease Control and Prevention for additional Universal Newborn Hearing Screening funds was submitted in June 2001.
ELIGIBILITY CRITERIA	• None • Services are currently available in many birthing facilities in Illinois. • Effective December 31, 2002, screening will be mandated for all newborns.

PROGRAM CAPACITY: • **Number served** • **Number of programs/sites**	• Out of 70,000 reported births, 66,947 newborns were screened (FY01). By December 31, 2002, hearing screening will be performed on approximately 180,000 to 185,000 newborns annually. • Approximately 60 hospitals (FY01). By 2002, all birthing facilities (approximately 147) will be required to do newborn hearing screening.
GEOGRAPHIC AREAS SERVED	Statewide
OUTREACH/IDENTIFICATION METHODS	• Families learn about services at the hospital at the time of birth. Hospitals inform parents, physicians, and IDPH of hearing screening results. IDPH recommends further testing to the physician and parent/guardian of infants who do not pass hearing screening. IDPH tracks infants and assures referral to DSCC and Early Intervention services for infants with confirmed hearing loss. • To assure timely diagnosis and intervention, infants are followed through programs targeting children (e.g. Family Case Management, High-Risk Infant Follow-Up, pediatric primary care, Early Intervention, WIC, Immunization, Oral Health, and Hearing and Vision Screening).
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Infant hearing screening is to be provided by appropriately trained personnel (not volunteers) employed by the birthing facility. Licensed audiologists (masters/doctoral level) provide diagnostic hearing evaluations.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Increased numbers of birthing facilities providing hearing screening • Decreased average age of diagnosis • Decreased age of initiation of intervention • Increased number of providers for diagnostic hearing testing • Number of birthing facilities reporting to IDPH • Number of infants screened • Number of infants re-screened • Number of infants referred • Number of confirmed hearing losses • Age at time of confirmation
EVALUATION METHODS	In the process of contracting for HiTrack, a tracking system designed specifically for newborn hearing screening by Utah State University. The software will be used directly with the screening equipment at the hospitals and all results can be reported directly to IDPH where the information will be used to assess infants and evaluate the process.

Parents As Teachers (PAT)

PROGRAM DESCRIPTION AND GOALS	Description: A family education and support program for parents with children from birth through age 5. Through the program, parents acquire the skills to help make the most of children's crucial early learning years. Goals: • To strengthen the parent-child relationship • To educate parents on child development, language development, intellectual growth, social and motor skill development • To address parenting issues and offer parenting strategies
KEY SERVICES	• Personal Visits: PAT-certified parent educators go to each family's home on a regular basis. Visits are an individualized opportunity to provide child development and child-rearing information to each family. Appropriate parent-child learning activities are part of the visit. It is recommended that visits be conducted at least monthly, for 45 minutes to 1 hour 15 minutes. The number of families served by each parent educator depends upon family needs and program design. • Group Meetings: Group meetings for parents create opportunities for families to share both successes and concerns and to gain more information about child development and parenting issues. Parent-child activities are provided during many group meetings. Group meetings are held in the evenings, on Saturdays and weekdays to allow all parents to participate. • Developmental Screening: The screenings are designed to reassure parents when a child is on target and to identify problems early on. Parents are included in the screening process and informed about the child's strengths and areas of weakness. Screening is conducted annually, beginning at age one. Programs typically use the *Denver II Developmental Screening Test (DDST)* or the *Ages and Stages Questionnaire*. • Connections with Community Resources: PAT programs help parents link with other resources within the community that provide services beyond the scope of PAT.
ADMINISTERING AGENCY	Parents As Teachers National Center, Inc. (St. Louis, MO) (314) 432-4330 Illinois Family Education Center (PAT State Affiliate) (217) 732-6462
ELIGIBILITY CRITERIA	Universal
GEOGRAPHIC AREAS SERVED	Statewide (Many local Early Head Start and Illinois State Board of Education Parental Training programs in Illinois utilize the Parents As Teachers curriculum.)

PROGRAM CAPACITY: • **Number served** • **Number of sites**	• Parent educators should have a minimum of 20 families and no more than 100 families at any given time. • 134 programs in Illinois utilize the Parents as Teachers curriculum
OUTREACH/IDENTIFICATION METHODS	PAT conducts outreach activities to obtain family referrals. These activities vary for each program.
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: Parent educators must meet one of the following minimum requirements: • 5 years supervised experience in an accredited child care center • 60 credit hours in early childhood development • a Bachelor's degree in early childhood development Parent educators must be PAT-certified and be trained in child development and home visiting (see below). Training Requirements: • PAT Born to Learn Prenatal-Three Institute: A comprehensive 6-day training. Includes information on early childhood development (birth to three), effective instructional home visits, facilitation of parent-child interaction, ideas for parent group meetings, connections with community resources, services to high needs families, red flags in hearing, vision and health, recruitment and program organization. Participants receive a comprehensive, research-based guide that includes pre-planned personal visits, parent handouts and parent educator resources. • Supervisors: Must complete a 2-day supervision training that is part of the Born to Learn Prenatal-Three Institute. (Supervisors who will also serve families must attend all 5 days of the institute.) Each individual program determines the supervision frequency and duration. • High-Risk Family Training: Specialized 2-day training for professionals to assist in working with high risk families. • Specialized Training: 2-day PAT training with a special focus on teen parents. Course addresses child development, adolescent development, recruitment and retention of adolescent mothers and fathers, family dynamics, multigenerational issues, personal visits, group meetings, and resource networks. • Specialized Training: 2-day PAT Institute tailored to child care providers working in an accredited center. Enhances provider's knowledge of child development, safety and health issues, appropriate discipline practices, and developmentally-appropriate learning activities.

Parents Care and Share of Illinois

PROGRAM DESCRIPTION AND GOALS	Description: Parents Care and Share is a peer support group for parents who feel at risk of hurting their children. The focus of the support groups is to provide support to parents in the day-to-day challenges of raising children. Parents connect with other adults and learn positive parenting techniques from each other. Each group is facilitated by a volunteer professional who helps parents link to other services in the community. Parents learn appropriate coping mechanisms and positive parenting tips, and children's self esteem is enhanced. The program helps to strengthen families and end the cycle of child abuse. Goals: To prevent child abuse by strengthening families, empowering parents, and helping them: • Feel better about themselves and their relationships • Manage their anger • Discipline their children more appropriately • Improve their parenting skills • Break their isolation
KEY SERVICES	• Public awareness and information to promote the prevention of child abuse • Facilitation of the development and maintenance of mutual self-help groups in local communities across Illinois • Teach coping mechanisms and positive parenting tips
ADMINISTERING AGENCY	Children's Home and Aid Society of Illinois Phone: (312) 424-6822
BUDGET	$516,000 (FY01)
ELIGIBILITY CRITERIA	Any parent in Illinois, who is not impaired by alcohol or drugs and not at risk of harming themselves or others, and wishes to be in a parent support group.
PROGRAM CAPACITY: • **Number served** • **Number of sites/programs**	• Average attendance: 200-300 parents and children or 400-600 individuals weekly (FY01) • Approximately 50-60 parent groups and 35 children's groups (FY01) • Approximately 55 sites (June 2001)
GEOGRAPHIC AREAS SERVED	Statewide in five regions of Children's Home & Aid Society of Illinois (Central, Metropolitan, Northern, Northwest, and Southern)
OUTREACH/IDENTIFICATION METHODS	Presentations and information distribution (e.g. Annual Family Fun Day at Navy Pier in Chicago, Head Start sites, hospitals, Healthy Families Illinois sites, schools, libraries and health fairs), television and radio interviews, newsletter, and conferences.

STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Staff and volunteers must have a Bachelors' degree (Master's degree with significant experience leading groups preferred) Training Requirements: • Staff and volunteers receive training about the mission of Parents Care and Share, group dynamics, family support principles, reporting child abuse and neglect, and resources and rules for groups. • The statewide program supervisor provides additional support to the regional staff and volunteers, and helps to ensure consistency of the mutual self-help, parent support group model. • They must also be familiar with reporting and handling of child abuse cases, group work and process, community resources, and child development.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	Parents Care and Share, as a program of Children's Home & Aid Society of Illinois, works to meet Council on Accreditation (COA) standards using measurements of: • Parents' satisfaction • Parenting skills • Self-esteem • Rate of child abuse • Role competency • Social functioning
EVALUATION METHODS	Children's Home and Aid Society's research department conducts a bi-annual evaluation.

Parents Too Soon

PROGRAM DESCRIPTION AND GOALS	Description: Parents Too Soon (PTS) is a partnership between the Illinois Department of Human Services (IDHS) and the Ounce of Prevention Fund (OPF). PTS programs are based on the belief that comprehensive services to adolescents are best provided in the context of family, culture and community. Goals: • Pregnant and Parenting programs: To assist teen parents to build strong parent-child relationships, raise healthy children, delay subsequent pregnancy and prepare for future self-sufficiency.
KEY SERVICES	• Voluntary, intensive home visiting • Parent groups • Doula support • Family needs assessment • Resource and referral to other needed services such as medical care or educational and vocational opportunities • Developmental screening
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462 Ounce of Prevention Fund Phone: (312) 922-3863
BUDGET	$10,954,000 (FY02) *A significant portion of the funds support birth to three programs and services
ELIGIBILITY CRITERIA	Pregnant or parenting teens in high risk communities
PROGRAM CAPACITY: • **Number served** • **Number of sites/programs**	• 2,200 families (FY01) • 21 programs serving pregnant and parenting teens and their children (FY02)
GEOGRAPHIC AREAS SERVED	Chicago: East Garfield Park, Englewood, Greater Grand Crossing, Hyde Park, Lower West Side, Near West Side, North Lawndale, Roseland, South Lawndale, South Shore, Uptown, Washington Park, West Englewood, West Garfield Park, West Pullman, West Town, Woodlawn Counties: Alexander, Boone, Champaign, Cook, Jefferson, Kane, Kankakee, Marion, Peoria, Pulaski, St. Clair, Sangamon, Tazewell, Vermilion, Winnebago

STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Varies depending on job title Training Requirements: • The Ounce of Prevention Fund Training Institute provides staff with initial and ongoing training on a variety of topics. All staff receive basic training in areas such as child development, promoting and strengthening parent-child relationships, balancing personal value systems with service provision and respecting family values, parenting education, cultural competency, problem-solving, service planning, identifying and reporting child abuse and neglect, and services in their communities. • Continuous training to maintain the quality of program services is offered within a staff development context. Many staff also participate in specialized training including the Developmental Training and Support Program (DTSP) and Heart to Heart, a child sexual abuse prevention education program.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Rate of subsequent pregnancy after program enrollment • Number of developmental screenings on children 0-5 • Rate of developmental screenings found to need further intervention • Immunization rates • School completion rates (for teen parents) • School enrollment/attendance (for teen parents) • Medical interventions at birth (forceps, c-section, etc.) • Birth weight • Breast feeding initiation • Duration and frequency of father's involvement with children
EVALUATION METHODS	Programs use StarGate, a computerized management information system, to closely monitor service delivery and outcome achievement and make program changes where indicated. Information is currently collected to determine the extent to which the program is achieving its goals as listed above (e.g. low birth weight, immunization, and subsequent pregnancy rates; teens' school achievement and/or vocational readiness; rates of indicated abuse/neglect).

Perinatal Health Care System	
PROGRAM DESCRIPTION AND GOALS	Description: A regionally coordinated system of medical care focusing on pregnancy, delivery, and newborn care for pregnant women and newborns with high-risk medical conditions. Goals: • To ensure appropriate care for all pregnant women, and to better utilize available resources • To improve pregnancy outcomes
KEY SERVICES	• Maternal-fetal medicine • Neonatology • Genetic services • Pediatric surgery • Radiology • Referrals
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Maternal and Infant Health Programs Phone: (217) 785-5900
BUDGET	$3,900,000 (FY02)
ELIGIBILITY CRITERIA	Pregnant women and newborns with high risk medical conditions
PROGRAM CAPACITY • **Number served** • **Number of sites/programs**	• 6,527 high risk pregnant women and 15,130 high risk neonates (FY'00) • 148 hospitals perform deliveries
GEOGRAPHIC AREAS SERVED	Statewide
OUTREACH/IDENTIFICATION METHODS	Pregnant women and infants are referred to the appropriate level of perinatal care by their physician.
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Staff include Board-certified physicians in maternal-fetal medicine and Neonatology, and medical, nursing and appropriate allied health specialists (e.g. respiratory care, social work, nutrition). Training Requirements: • Staff receive ongoing training and supervision by appropriate professionals within the hospital and their respective professional organization or group.

KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Birth weight • Birth rate numbers • Fetal mortality • Neonatal mortality • Perinatal mortality • Post-neonatal mortality • Maternal mortality
EVALUATION METHODS	The Illinois Center for Health Statistics at Illinois Department of Public Health is responsible for data analysis and dissemination of information used to monitor and evaluate the perinatal health care program. In addition, the Department utilizes an outside consultant to prepare special reports and data tables for use in the evaluation of hospitals seeking perinatal designation. The databases used for monitoring and evaluation of the system include Vital Records, APORS, Very Low Birth Weight, maternal and perinatal mortality.

Responsible Parenting Program

PROGRAM DESCRIPTION AND GOALS	Description: The Responsible Parenting Program aims to delay subsequent pregnancies of teen parents and to increase parenting proficiency through parental education and skills training. Goals: To help adolescent mothers age 13 to 18 to: • Delay subsequent pregnancies • Consistently and effectively practice birth control • Remain in and complete high school • Develop strong parenting skills • Cope with the social and emotional problems related to pregnancy and parenting
KEY SERVICES	• Peer group services • Parenting skill courses
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462
BUDGET	$815,600 (FY01)
ELIGIBILITY CRITERIA	High risk pregnant or parenting teens
PROGRAM CAPACITY: • **Number served** • **Number of sites/programs**	 • 1,420 families (FY02) • 4 community sites (FY02)
GEOGRAPHIC AREAS SERVED	Counties: Cook, DuPage, Winnebago
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Varies depending on job title, many have social service background
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Lower subsequent pregnancy rate • Increase use of birth control • Higher school completion rate • No substantiated cases of child abuse or neglect
EVALUATION METHODS	Data are collected to monitor program implementation and impact on the individual program, participants, agencies and communities.

Teen Parent Services (TPS)

PROGRAM DESCRIPTION AND GOALS	Description: Helps young parents under 21 years of age who receive Temporary Assistance for Needy Families (TANF) or KidCare Assist stay in school and obtain a high school diploma or equivalent. Goal: To assist pregnant and parenting low-income teens to enroll in and complete either high school or its equivalent, delay additional pregnancies, obtain prenatal care, prevent STDs, and improve overall health of teen parents and their child(ren).
KEY SERVICES	• Comprehensive case management • Life skills development • Parenting instruction • Assistance with family planning • Assistance with preventive health care for the teens and their children (e.g. prenatal care, well child exams, and immunizations) • Individualized counseling • Referral to social service agencies • Transportation assistance
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462
BUDGET	Approximately $4.5 million
ELIGIBILITY CRITERIA	• Custodial parent or pregnant (single, married, married couples) • Under 20 years of age • High school or GED not completed when initially identified for program participation • Receives or applied for Temporary Assistance for Needy Families (TANF) or receives KidCare (medical assistance)
PROGRAM CAPACITY: • **Number served** • **Number of sites/programs**	• Approximately 8,200 teens (FY01) • Available statewide through 50 local health departments, 7 educational facilities, 21 community based organizations, and 2 DHS staffed offices
GEOGRAPHIC AREAS SERVED	Statewide

OUTREACH/IDENTIFICATION METHODS	This program is mandatory for teens receiving TANF and voluntary for those enrolled in KidCare Outreach/identification methods include: • Automated information from IDHS • Referrals from IDHS local offices • Referrals from local health departments of teen who receive WIC and/or Family Case Management services • Self Referral
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Training Requirements: • TPS providers receive regularly scheduled training, on-site program support and an opportunity to network and problem solve with their peers on a monthly or quarterly basis. In addition, special meetings or conferences are conducted to provide information or "best practices" and resources to increase the probability of enhanced program outcomes.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• High school/GED completion • Subsequent pregnancy
EVALUATION METHODS	No formal evaluation. Outcomes are tracked.

Teen Pregnancy Prevention -- Subsequent

PROGRAM DESCRIPTION AND GOALS	Description: The program provides an integrated model of service delivery to help first time mothers 15 through 18 years of age and has two primary interventions: intensive home visiting and substantive training through membership in a peer support group. Participants are intensely trained to work as Peer Educators after one year of successful program participation. Goals: To help young mothers: • Delay a second pregnancy • Use a contraceptive method effectively and consistently • Remain in and complete high school
KEY SERVICES	Home Visiting: Home visiting services weekly up to two years Advisory Group Meetings: During the first year, program participants become members of the Subsequent Pregnancy Advisory Group. Advisory group meetings provide an avenue for training and follow-up as well as peer support for the common goal of avoiding early parenting. Peer Education: After one year of program participation, young mothers who are eligible are intensely trained as Peer Educators. Peer Educators are paid an hourly stipend to work in their own communities talking to their peers about "why" and "how" to delay a pregnancy.
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Child and Adolescent Health Phone: (217) 785-0462
BUDGET	$848,900 (FY01)
ELIGIBILITY CRITERIA	High-risk teen parents under 19 years of age in northern Illinois who have one child. The program targets first-time mothers between 15 and 18 years of age.
PROGRAM CAPACITY: • **Number served** • **Number of sites/programs**	 • Approximately 315 families (FY02) • 7 community sites (FY02)
GEOGRAPHIC AREAS SERVED	Chicago: Hermosa, Humboldt Park, Logan Square, the south side of Chicago, West Town Suburban Cook County: Evanston, Harvey, Maywood Counties: Lake County (Round Lake, Waukegan, Zion) and Winnebago County

OUTREACH/IDENTIFICATION METHODS	Referrals from schools, program participants, non-profit agencies, local health departments, parents/guardians, and school health centers.
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Home visitors must have a high school degree; many have a social service background. Training Requirements: • Staff are trained on the program's curriculum. Home visitors receive monthly training. Peer educators receive 8 weeks of intensive training and bimonthly training thereafter.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Lower subsequent pregnancy rate • Increased use of birth control • Higher school completion rate • No substantiated cases of child abuse or neglect
EVALUATION METHODS	Data are collected to monitor program implementation and impact on the individual program participants, agencies, and communities.

WIC
(Special Supplemental Nutrition Program for Women, Infants and Children)

PROGRAM DESCRIPTION AND GOALS	Description: The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is the primary nutrition program for low-income pregnant and parenting women. Goals: • To reduce the incidence of infant mortality, low birth weight and nutrition-related problems • To ensure the proper growth and development of infants and young children
KEY SERVICES	• Supplemental foods • Food vouchers • Nutrition education • Improved access to health care
ADMINISTERING AGENCY	Illinois Department of Human Services, Bureau of Family Nutrition Phone: (217) 782-2166
BUDGET	$ 206,400,000 (FY01)
ELIGIBILITY CRITERIA	• Pregnant, postpartum or breastfeeding women with an infant or child under 5 years of age • Income below 185 percent of the poverty level • Certified by a health professional to be at nutritional risk (e.g. inadequate diet, abnormal weight gain, high-risk pregnancy)
GEOGRAPHIC AREAS SERVED	Statewide
PROGRAM CAPACITY: • **Number served** • **Number of sites/programs**	• 255,000 women, infants and children (FY02) • 220 sites (primarily local health departments) statewide, including 23 in Chicago (FY01)
OUTREACH/IDENTIFICATION METHODS	Local agencies administering WIC programs are mandated to provide outreach services and educate community members about WIC.
STAFF EDUCATION AND/OR TRAINING REQUIREMENTS	Education Requirements: • Registered Dietitian, Nutritionist, Registered Nurse, or a Home Economist with an emphasis on nutrition

TRAINING REQUIREMENTS CONT.	Training Requirements: • IDHS Community Health and Prevention Training Center provides training for clerical employees and Certified Health Professionals. Supervision for training is provided by state WIC program staff, regional nutritionists, and regional staff from the IDHS Bureau of Central and Field Operations.
KEY INDICATORS USED TO MEASURE ACHIEVEMENT OF PROGRAM GOALS	• Breastfeeding rates • Trimester of entry into program • Integration with Family Case Management (i.e. eligible families are also enrolled in Family Case Management) • Number of participants enrolled in Medicaid or KidCare (Illinois' child health insurance program)
EVALUATION METHODS	• Program participation is reviewed on an ongoing basis using Cornerstone management information system. • Nutrition care is reviewed by state nutrition staff. • Program operations are reviewed by staff from the IDHS Bureau of Central and Field Operations

Profiles of Systems Development Initiatives

All Our Kids: Birth to Three Network

PROGRAM MISSION AND GOALS	Mission: The All Our Kids: Birth to Three Network is a community-based collaboration that is committed to developing a high-quality, well-coordinated, easily accessible system of care that will promote positive growth and development for children 0-3 and their families. Goals: • Increase families' access to needed and appropriate 0-3 services • Increase the capacity of the local 0-3 service system • Increase coordination and collaboration among service providers and family members to improve the efficiency of the 0-3 service system • Increase family satisfaction with the system of services for the 0-3 population • Actively engage with a broad range of stakeholders
KEY ACTIVITIES	Each of the ten Network communities has developed and implemented a strategic plan that addresses the following areas: • Assess the needs of very young children (less than 3 years) and their families • Link children and their families with appropriate services • Facilitate the coordination of services and elimination of service gaps • Inform the community about issues affecting very young children and their families • Identify and better understand the services families with very young children need and use • Address the training needs of people who work with expectant parents and families with babies and toddlers • Evaluate the accessibility and effectiveness of the system of services for very young children and their families • Provide leadership for policy development to assure the health of very young children and their families
ADMINISTERING AGENCY	Illinois Department of Human Services, Office of Family Health Phone: (217) 782-2736 Ounce of Prevention Fund Phone: (312) 922-3863
LOCAL AGENCY	Local health departments
BUDGET	$1,400,000 (FY02)
TARGET POPULATION	All children prenatally through three years of age and their families within each Network community

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GEOGRAPHIC AREAS COVERED	City of Chicago (North Lawndale), Cook County (Town of Cicero), Adams, Kane, Macon, McLean, Stephenson, Tazewell, Vermilion, and Wabash counties
STRUCTURE AND PROCESS	A Network Coordinator based at the local health department in each community staffs the Network and brings together a broad-based group of stakeholders from the community on a regular basis. A strategic plan (described above) is developed and implemented by the Network. State-level systems issues that are identified through the work of the local Networks are passed to the Birth to Three Project's Systems Coordination Committee to be addressed. The Committee includes representatives from city, state and federal agencies serving young children, community-based programs, researchers, health care professionals, legislators and advocates.
PARTNERS AND PARTICIPANTS	The local health department in each community acts as the lead agency. The specific composition of each Network varies from community to community. Generally members include representatives of the following local systems: Health, Early Intervention, Recreation, Faith Community, Parents, Education, Child Development, Advocacy, Child Care, Social Services, Employers, and Local Government.
YEAR INITIATED	Project planning began in the Fall of 1999. Local networks were initiated in January 2000.

Chicago Safe Start

PROGRAM MISSION AND GOALS	Mission: To prevent and reduce the impact of exposure to violence on children ages five and younger. Safe Start will improve the access to, delivery and quality of services through a balance of prevention and intervention efforts, focusing on education and new kinds of collaborations among city and state service agencies, community organizations and residents. Goals: • First responders, mandated reporters and parents will have the skills and knowledge to identify children at risk of or already exposed to violence, intervene at the appropriate level and know where to go for help (by January 2006). • System policies and protocols will be created or changed so that primary, secondary and tertiary prevention opportunities to reach children exposed to violence and their families are increased and streamlined (by January 2006). • Close gaps in services by leveraging existing community resources for mental health and ensuring adequate family resource services. • ChicagoSafeStart.net will serve as an online information hub providing unique opportunities for information sharing, collaboration and learning among system agencies, community organizations and residents. • Chicago Safe Start will create and work within a structure that maximizes citizen involvement and maintains system participation.
KEY ACTIVITIES	Chicago Safe Start works at the systems, community and individual levels to strengthen or create effective linkages between and among systems and communities so that children ages 5 and younger and their families have the tools and support to prevent and reduce the impact of exposure to violence. Safe Start will undertake systems and local activities along the continuum of prevention, some of which will include: • Working closely with the Chicago Police Department to select and implement a curriculum for first responders • Identifying and formalizing the role of the Chicago Police Department in documenting and referring young children witnessing domestic violence for appropriate services • Expanding capacity of mental health services for children under 5 years of age in 2 community areas
FUNDING AGENCY	U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention Phone: (202) 307-5911
LEAD AGENCY	Chicago Department of Public Health, Office of Violence Prevention Phone: (312) 747-9396
BUDGET	$3,350,000 to be used over 5 ½ years which began May 1, 2000 (Chicago Safe Start is currently seeking other funding sources)

GEOGRAPHIC AREAS COVERED	Chicago Police District 5 (Pullman, West Pullman, Roseland and Riverdale), and District 7 (Englewood and West Englewood).
STRUCTURE AND PROCESS	The Project is housed within and managed by the Chicago Department of Public Health, Office of Violence Prevention. The Steering Committee of the Safe Start Council provides project oversight and is made up of systems leaders from the Englewood and Pullman communities and substantive area experts. The Safe Start Council is a large and broad group of key leaders, supervisors, front-line staff and community residents. The group determines what to do and carries out a great deal of the work in the form of Ad Hoc Work Groups. At the local level, representatives of the two districts will assess children's exposure to violence in the districts through surveys of parents with children 6 and under. In addition, local districts will assess the current social services available and create a table of available resources devoted to primary, secondary, and tertiary prevention of social ills.
PARTNERS AND PARTICIPANTS	Illinois Department of Children and Family Services, Chicago Public Schools, Circuit Court of Cook County, State's Attorneys Office of Cook County, Chicago Department of Human Services, Mayor's Office on Domestic Violence, Chicago Children's Advocacy Center, Chicago Police Department
YEAR INITIATED	A five-year strategic plan was published in February 2001 as a result of the initial planning phase of the project. Implementation will begin in January 2002.

Child Care Resource and Referral (CCR&R)

PROGRAM MISSION AND GOALS	Mission: To promote and facilitate high quality early care and education for children, families, child care providers, employers, and communities in Illinois through a coordinated effort; and support, expand, and enhance existing statewide child care resource and referral services. Goals: • To provide families access to quality child care • To improve the quality of child care through training programs and assistance • To ensure that child care programs meet the needs of communities
KEY ACTIVITIES	• Provide consumer education on child care issues • Provide child care referrals to parents • Coordinate training and technical assistance to practitioners • Develop new child care resources in communities where they are needed • Assemble and maintain an accurate child care database • Record and analyze data on child care supply and demand
ADMINISTERING AGENCY	Illinois Department of Human Services Phone: (217) 785-2559 Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) Phone: (309) 829-5327
LOCAL AGENCY	22 sites statewide
TARGET POPULATION	• Families with children in need of child care services • Children ages 6 weeks to 12 years in early childhood and school age settings • Early childhood practitioners
GEOGRAPHIC AREAS COVERED	Statewide (Each local agency serves a multi-county service delivery area with the exception of Cook County which has satellite agencies.)
STRUCTURE AND PROCESS	Local CCR&Rs are either independent community-based organizations or part of an umbrella organization. Program issues are determined by the INCCRRA Board of Directors, local advisory councils, and IDHS. The INCCRRA Board approves all statewide projects and INCCRRA operating policies.

PARTNERS AND PARTICIPANTS	INCCRRA partners with Illinois Association for the Education of Young Children and local affiliates, Head Start, Illinois Department of Children and Family Services, Illinois State Board of Education, Illinois Community College Board, two-year and four-year institutions to deliver quality services to children and families.
YEAR INITIATED	Statewide system initiated in 1990. INCCRRA formed in 1996.

Community Integrated Services System Project

PROJECT VISION AND GOALS	Vision: An integrated system of maternal and child health (MCH) services is a system that demonstrates an asset model approach to health in a local context where services are delivered in a respectful, culturally appropriate, safe atmosphere, with a focus on prevention, education, and outreach, as well as treatment, in order to meet the unique needs of Chicago's maternal and child population and their families across the life cycle. The system will be sufficiently funded providing affordable, accessible, comprehensive, and appropriate evidenced-based services that are supported by an adequate information infrastructure and delivered by trained multi-disciplinary providers across the public and private sectors, in a collaborative, non-competitive fashion. (Developed by the CISS Planning Council) Goal: To improve infant and child health (0-5 years of age) through the development of an integrated service delivery system in Chicago
KEY ACTIVITIES	• Establish a CISS Community and Interagency Planning Council • Generate a vision to guide the strategic planning process • Establish Planning Principles • Assess the health, economic and social well-being of Chicago's community areas • Ascertain consumer and provider perceptions of the delivery of services for women, children, and families • Assess the structure, funding and function of the current service system • Describe the macro-environment influencing the development of an integrated service delivery system • Promote the active participation of community residents and leaders to identify community needs and priorities • Develop a strategic plan to identify and prioritize strategic issues and develop strategies to establish an integrated system of services • Recommend criteria and measures for system evaluation and strategic plan implementation • Implement and evaluate select pilot projects that emerge from the strategic plan • Use information obtained through the strategic planning process to advocate for necessary system and policy change
FUNDING AGENCY	U.S. Dept. of Health and Human Services, Maternal and Child Health Bureau Phone: (312) 353-4042
LEAD AGENCY	Chicago Department of Public Health Phone: (312) 747-9884 Illinois Department of Human Services, Bureau of Maternal and Infant Health Phone: (217) 782-9923
BUDGET	$50,000 grant funds and $118,000 in-kind

TARGET POPULATION	All infants, children 0-5 years of age and pregnant women within the context of their families and communities in Chicago. The target population may be expanded to include adolescents and all women of childbearing age (11-44 years of age).
GEOGRAPHIC AREAS COVERED	Chicago
ORGANIZATIONAL STRUCTURE AND PROCESS	Project Organizing committee: Chicago Department of Public Health, Illinois Department of Human Services, Mayor's Advisory Committee on Infant Health, and Chicago Family Case Management Agencies Network. CISS Planning Council: (see below for representatives) operates by consensus and has responsibility for providing input on the substance and content of the strategic plan and plan implementation, as well as measures of system integration and service standards. Council members will be organized into issue workgroups as needed to carry out strategic plan development and facilitate plan implementation. Interagency System Coordination/Monitoring Team: Program staff from CDPH and IDHS primarily responsible for monitoring and evaluating system coordination and system outcomes. Decisions pertaining to the allocation of resources remain the responsibility of the funding agencies.
PARTNERS AND PARTICIPANTS	Planning Council participants include: The Project Organizing Committee, other public and private health and related service providers, consumers, educational and religious leaders, members of the business community, policy makers, advocacy organizations.
YEAR INITIATED	January 2001

Healthy Child Care Illinois

PROGRAM DESCRIPTION AND GOALS	Description: The Healthy Child Care Illinois initiative was launched on the principle of the Healthy Child Care America campaign that families in partnership with child care and health care providers can promote the positive development of children in child care settings. Goals: • To improve the health status and well-being of children in child care by ensuring access to effective health, dental and developmental screenings and follow-up • To facilitate children's use of health services • To ensure that all children have access to safe, comprehensive, affordable child care • To enhance coordination between health care providers and the child care system • To expand the knowledge of child care providers and families regarding health care issues • To develop a structure to plan, evaluate and improve the health component of child care • To develop, implement and evaluate a public awareness/marketing campaign in support of safe and healthy child care operations • To incorporate a multi-disciplinary approach with professionals so that child health, child care and child development are addressed • Develop/maintain an advisory relationship with all license/license-exempt child care providers • Clarify programs' rules and policies (e.g. KidCare) and policies for child care centers and homes
KEY ACTIVITIES	Through a statewide child care nurse consultant network: • Ensure a safe, healthy child care environment for all children • Provide health, mental health, nutrition and safety education for children families and child care providers • Provide individualized attention to children with special health care needs • Provide the highest level of training and technical assistance on health-related issues to center- and home-based child care providers • Collect and distribute data on health/safety issues • Assist child care providers in developing health policies, procedures and plans
FUNDING AGENCY	Illinois Department of Human Services, Division of Community Health and Prevention, Office of Family Health Phone: (217) 557-3108
LOCAL AGENCY	24 IDHS Child Care Nurse Consultants in 16 service delivery areas
BUDGET	$1,700,000 (FY01)

TARGET POPULATION	Child care providers
GEOGRAPHIC AREAS COVERED	Statewide
PARTNERS AND PARTICIPANTS	• Child Care Resource & Referral Agencies • Local health departments • Illinois Department of Human Services
YEAR INITIATED	The Healthy Child Care America campaign was launched in 1995.

Help Me Grow/Futures for Kids Helpline

PROGRAM MISSION AND GOALS	Mission: The Help Me Grow Futures for Kids Helpline is a toll free helpline accessible from 8:00am to 4:30pm Monday through Friday to assist families in accessing a wide range of services in their community. Goal: To increase the level of self-sufficiency in all areas, especially health, for Illinoisians, by providing the best and most responsive services possible in a dignified and respectful manner
KEY ACTIVITIES	• Provide callers with referrals to wide-range of services related to children and their parents • Computerized data system enables Helpline operators to provide callers with immediate information by caller location and numerical service category
ADMINISTERING AGENCY	Illinois Department of Human Services, Division of Community Health and Prevention Phone: (800) 323-GROW or (217) 557-3776
BUDGET	$133,200 (FY01)
TARGET POPULATION	Pregnant women and families with young children
GEOGRAPHIC AREAS COVERED	Statewide
STRUCTURE AND PROCESS	Through a statewide toll-free number, families can receive information about WIC services, nutrition, childhood lead screening, pregnancy testing, family planning, Early Intervention, medical care for pregnant and parenting teens and their children, child care, advocacy and support services, health care coverage, medical providers, immunization sites, etc. Families learn about the Help Me Grow/Futures for Kids Help Line through advertisements on train and bus placards, magnets, brochures, TV and radio public service announcements, other agencies, schools, newspaper articles, directory assistance and word of mouth. Information such as the total number of calls and referrals made, types of referrals given, referral source, and caller demographics are tracked on a yearly basis. In FY00, there were 33,713 calls to the Helpline. Monthly reports allow staff to analyze number and diversity of calls, as well as the impact of campaigns advertising a particular program.
PARTNERS AND PARTICIPANTS	The Help Me Grow/Futures for Kids Helpline works with staff from the numerous state administered programs serving children and families to ensure that program information is accurate and up to date.
YEAR INITIATED	1984

Local Interagency Councils (LICs)

PROGRAM MISSION AND GOALS	Mission: Local Interagency Councils (LICs) have been established throughout Illinois to identify children 0-3 in need of Early Intervention services, to identify and improve those Early Intervention services within the community, and to make them more accessible to young children and their families. The LICs advise local Child and Family Connections agencies (CFCs) in the coordination of local services and resources necessary to implement a comprehensive system for screening and identifying young children with developmental delays or disabilities and delivering appropriate Early Intervention services to those in need. Goals: • To identify children in need of Early Intervention services • To identify and improve Early Intervention services • To make Early Intervention services more accessible to children and families
KEY ACTIVITIES	• Conduct local needs assessments, identify service gaps and local resources to fill those gaps • Disseminate information to local CFCs and providers • Develop and implement strategies for public awareness and Child Find • Provide a forum to share and discuss local concerns
FUNDING AGENCY	Illinois Department of Human Services, Bureau of Early Intervention Phone: (217) 782-1981
LOCAL AGENCY	44 Local Interagency Councils
BUDGET	$607,000 (FY01) (Each of the 25 CFCs is given $19,000 to contract an LIC Coordinator. In addition each of the 44 LICs receives $3,000 for materials, etc.)
TARGET POPULATION	Illinois children 0-3 with a developmental delay or disability
GEOGRAPHIC AREAS COVERED	Statewide
STRUCTURE AND PROCESS	LICs are established in communities throughout Illinois to advise the local Child and Family Connections. An LIC Coordinator is hired by the CFC to facilitate the work of the group. Membership is open to all individuals in the community; participants are actively recruited when necessary. Meetings are held on a regular basis.

PARTNERS AND PARTICIPANTS	All stakeholders at the local level are invited to participate in the LICs. Representatives usually include parents, Early Intervention service providers, early childhood programs, health care professionals, school representatives, state agency representatives at the local level, other public and private service providers and interested parties.
YEAR INITIATED	1997

Safe From the Start (SFS)

PROGRAM MISSION AND GOALS	Mission: Safe from the Start is a multi-year demonstration project to develop, implement and evaluate comprehensive and coordinated community-based models to identify, assess and respond to children ages 0-5 who have been exposed to violence in their home or community, as well as their caregivers. Exposure to violence is defined as being a victim of abuse, neglect or maltreatment or a witness to domestic, physical or sexual violence or other violent crime.
KEY ACTIVITIES	• Provide case management services • Create specialized services to identify and provide interventions for children exposed to violence • Provide training and support services to direct care providers around prevention and providing treatment for the psychological effects of young children's exposure to violence • Develop a public awareness campaign to educate the public and get input from residents • Develop a model with potential for replication • Participate in technical assistance and evaluation efforts with IVPA and partners
FUNDING AGENCY	Illinois Violence Prevention Authority Phone: (312) 814-8322 In partnership with the Office of the Illinois Attorney General
LEAD AGENCY	Cook County: Children's Advocacy Center of Northwest Cook County Peoria County: The Center for the Prevention of Abuse Madison County: Phoenix Crisis Center
BUDGET	Approximately $533,000 (FY02)
TARGET POPULATION	Children ages 0-5 who have witnessed violence and their caregivers
GEOGRAPHIC AREAS COVERED	Northwest Cook County (Hoffman Estates, Schaumburg, Hanover Park, and Streamwood), Peoria County and Madison County (Granite City, Madison, Venice, Mitchell and Pontoon Beach)
PARTNERS AND PARTICIPANTS	Each pilot community has identified local collaborative partners including representatives of the following types of agencies, as well as other secondary partners that vary by site: Local Area Networks (LANs), Local health departments, Local agencies providing domestic violence and sexual assault services, child advocacy centers, Family Violence Coordinating Council, local law enforcement, Illinois Department of Children and Family Services, Healthy Families Illinois sites
YEAR INITIATED	Pilot sites began planning in January 2001. Implementation of the strategic plan will occur over a three-year period beginning July 1, 2001.

Profiles of Public Education Campaigns

Back to Sleep Campaign	
PROGRAM DESCRIPTION AND PURPOSE	Description: Public education program to encourage childcare providers and parents to lay babies on their back when sleeping to reduce the incidence of Sudden Infant Death Syndrome (SIDS). Purpose: To prevent SIDS by distributing public education materials to parents and caregivers.
KEY MESSAGES	"Healthy babies should be lain on their backs to sleep to reduce the incidence of Sudden Infant Death Syndrome."
ADMINISTERING AGENCY	U.S. Department of Health and Human Services (administered by Prevent Child Abuse Illinois) Phone: (217) 522-1129
BUDGET	N/A
TARGET AUDIENCE	Child care providers, parents, and service providers
GEOGRAPHIC AREAS SERVED	Statewide
PROGRAM CAPACITY • **Materials distributed**	5,000 brochures distributed (FY01)
OUTREACH/DISTRIBUTION METHODS	Information is distributed through public education materials (e.g. brochures) and audio-visual presentations

Illinois SAFE KIDS Coalition

PROGRAM DESCRIPTION AND PURPOSE	Description: The Illinois SAFE KIDS Coalition is part of a nationwide effort to reduce unintentional injury and death among children younger than 15 years of age. The coalition has targeted six areas: traffic crashes (bicycle, pedestrian and motor vehicle), fires and burns, drownings, falls, poisonings and unintentional shootings. Purpose: To decrease the incidence of unintentional childhood injuries by providing information and education on the prevention of unintentional childhood injuries.
KEY MESSAGES	"If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped." Former U.S. Surgeon General C. Everett Koop, M.D., Sc.D. and chairman of the SAFE KIDS Coalition. "Safe kids are no accident." "Preventable injuries are the #1 killer of children ages 14 and under in the U.S."
ADMINISTERING AGENCY	Illinois Department of Public Health Phone: (217) 524-2446 www.safekids.org
BUDGET	N/A
TARGET AUDIENCE	Universal
GEOGRAPHIC AREAS SERVED	Statewide
PROGRAM CAPACITY • **Number reached**	Approximately 100,000 families (FY01)
OUTREACH/DISTRIBUTION METHODS	• Plan National SAFE KIDS Week activities • Conduct state meetings and other activities • Develop media campaigns • Perform safety seat checks • Distribute safety devices such as smoke detectors and bicycle helmets • Educational outreach activities provided by health professionals, institutions and volunteers • Bicycle rodeos
KEY INDICATORS OF CAMPAIGN SUCCESS	• Number of educational/outreach activities offered • Number of recipients • Number of safety products distributed

Shaken Baby Syndrome Campaign

PROGRAM DESCRIPTION AND PURPOSE	Description: A statewide campaign to protect babies by educating parents, caregivers and the general public about the dangers of shaking an infant. Purpose: To decrease the incidence of infant deaths caused by Shaken Baby Syndrome by educating parents and caregivers.
KEY MESSAGES	• "Shaking a baby can be DEADLY…Make sure no one shakes your baby!" • "Shaken Baby Syndrome occurs when an infant or young child is shaken vigorously." • "Crying doesn't hurt a baby -- shaking does!"
ADMINISTERING AGENCY	Prevent Child Abuse Illinois Phone: (217) 522-1129
BUDGET	N/A
TARGET AUDIENCE	Parents and child care givers
PROGRAM CAPACITY • **Number reached** • **Number materials distributed**	• Approximately 100,000 English brochures are distributed annually • More than 30,000 Spanish language brochures are distributed annually (FY01) • Television public service announcement distributed to 120 television stations statewide (FY01) • 200 billboards displayed statewide (FY01) • 1,100 transit cards distributed statewide (FY01)
GEOGRAPHIC AREAS SERVED	Statewide
OUTREACH/IDENTIFICATION METHODS	Information is disseminated through television and radio public service announcements, billboards, bus cards, brochures, audio/visual presentations and train-the-trainer workshops.
KEY INDICATORS OF CAMPAIGN SUCCESS	N/A

SIDS Alliance of Illinois

PROGRAM DESCRIPTION AND PURPOSE	Description: The SIDS Alliance of Illinois provides comprehensive Sudden Infant Death Syndrome (SIDS) and accidental infant death reduction training. In addition, the SIDS Alliance supports family members and others touched by the tragedy of a SIDS or post-neonatal infant death, educates the public and professionals about bereavement support and eliminates SIDS through the support of promising research. Purpose: SIDS Alliance of Illinois aims to reduce the rate of Sudden Infant Death Syndrome in Illinois.
KEY MESSAGES	"In the belief that every child should live"
ADMINISTERING AGENCY	SIDS Alliance of Illinois Phone: (800) 432-SIDS Illinois Department of Public Health Phone: (217) 785-4093
BUDGET	N/A
TARGET AUDIENCE	Child care providers, parents, professionals, paraprofessionals and law enforcement officials
GEOGRAPHIC AREAS SERVED	Statewide
PROGRAM CAPACITY • **Number reached** • **Materials distributed**	• 50,000 families and professionals reached (FY00) • 40,000 educational materials distributed (FY00)
OUTREACH/DISTRIBUTION METHODS	• Families and health providers learn about reducing SIDS at health fairs, clinics and schools • Flyers are also distributed to community agencies and health clinics • Risk reduction training for professionals, paraprofessionals, parents, child care providers and law enforcement officials
KEY INDICATORS OF CAMPAIGN SUCCESS	• Lower rate of SIDS • Decreased rate of accidental deaths
TRACKING METHOD	Statistics gathered by Illinois Department of Public Health